January 2005 Medical Directors Report

January 2005 Medical Director Report Set

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MEDI-CAL MANAGED CARE HEALTH PLANS MEDICAL DIRECTORS REPORT

January 2005

INTRODUCTION

The Medical Directors Report uses data from multiple sources. Services billed to and paid by the Medi-Cal Fee-For-Service (FFS) program, encounter data reported by Managed Care Plans and eligibility as it appears on the Medi-Cal Eligibility Data System (MEDS). The Management Information System/Decision Support System (MIS/DSS) is the California Department of Health Services (Department's) relational database where these files are merged with files from other Department Programs. The MIS/DSS is used to prepare these reports for selected Medi-Cal Programs. The Managed Care Plan's rates therefore, include some services provided to members that have been excluded or "carved-out" of the plan's contracts. The Medical Director Report (MDR) contains utilization reports that may be used for comparison but, have not been adjusted for differences among available providers that do vary by county, enrolled member mix, changes in health plan membership, or prevalence of disease.

The accuracy of the rates contained in these reports is subject to the accuracy and completeness of the data used to produce them. Variation in rates may be due to either a true difference in utilization, variations in the completeness of Medi-Cal data, or data processing irregularities. It is reasonable to assume that the actual utilization rates may be higher than shown for the Managed Care Plans.

The report measures are: Eligibility; Acute Hospital Inpatient (IP) Admits, Days, and Average Length of Stay (ALOS); California Children Services (CCS) IP; Emergency Room (ER) Visits; IP Admits and ER Visits for Asthma Population; IP Admits and ER Visits for Diabetes Population; Outpatient Visits; Lab and X-ray Services; Member Prescriptions; and Top Ten Drugs.

For each measure, other than Top Ten Drugs, additional detail is provided including: Plan Totals, Age Ranges, Aid Code Categories, and Ethnic Groups.

The Age Ranges used in these reports:

- ▶ 0 to less than 1 year;
- ▶ 1 to less than 10 years;
- ▶ 10 to less than 20 years;
- ▶ 20 to less than 45 years:
- ▶ 45 to less than 65 years;
- ► 65 to less than 75 years;
- ▶ 75 to less than 85, and
- ▶ 85 plus years.

Aid Code Categories

The Department's enrollment and scope of service contracting requirements for Managed Care Plans during the time periods in these reports are not uniform among all Managed Care Plan Models. For example membership is required when a County Organized Health System (COHS) Plan is operating in the county of eligibility. This is not the case in Counties that have the Two Plan Model (Local Initiative or Commercial Plan) or the multi-plan Geographic Managed Care (GMC) model. In these Counties most, but not all Medi-Cal eligible persons, must choose among the Managed Care Plans. The Aged, Blind, Disabled groups may elect to receive health care from a Two Plan Model or GMC Plan but are not required to select one. In addition there are a number of northern Counties where FFS is the only option. Medical exemptions from joining a Managed Care Plan are allowed. Individuals who are receiving treatment from a doctor who is not under contract with any of the Managed Care Plans may request to be exempt from selecting a health plan until the course of treatment has been completed. Medi-Cal eligibles can disenroll and remain a highly mobile population. Some of these complexities may be examined by looking at the sub-sets prepared for each reported measure.

The over 150 Aid Codes that describe eligibility for services from the Medi-Cal Program have been grouped into Aid Code Categories as seen below:

- ► Family;
- ➤ Youth-Related (Foster Care);
- ► Aged, Blind, Disabled (Long Term Care) and
- ▶ Other Aid Codes.

See Appendix I for details.

Ethnic Groups

Ethnicity is from the Medi-Cal Eligibility Data System (MEDS) files that hold twenty possible designations. Ethnicity when not declared by the applicant is often determined by the County Welfare Department staff and so may not represent the ethnicity most closely associated with an individual. To maintain a readable report size the twenty possible designations have been reduced to major ethnic groups as seen below:

- ► White,
- ► Hispanic,
- ► Black,
- Asian and Pacific Islander.
- Native American/Alaskan,
- ▶ Other, and
- ► Missing/Invalid.

See Appendix II for details

TIME PERIOD

The dates of service that are the most complete and current in time require reporting dates of service that allow two years for the processing of paid claims and Managed Care Plan encounter records. The time period in these reports are twelve months of service dates and twelve-months of corresponding enrollment dates. The twelve-month periods are produced twice a year, once for the Calendar Year period and once for the State Fiscal Year period

Time Period example

Report Title	Dates Of Service
January 2005	January 1, 2003 through December 31, 2003
July 2005	July 1, 2003 through June 30, 2004

NUMERATOR/DENOMINATOR

Each numerator or report event is defined by diagnosis, procedure or other standard codes as listed in each report Appendix. Medi-Cal local codes are included in the numerator coding when appropriate. The numerator is a total of visits, admits, services, or whatever units are appropriate for the report in question. The denominator is the total number of months of eligibility (member months) in the twelve-month report period. There is no continuous enrollment requirement in these reports. The rates are for all members enrolled for any period of time during the covered dates of services. This rate method is used except as noted.

The rate per thousand members per month is inclusive of all members and is calculated as follows:

[(Total number of units in question) / (Divided by Total member months)] X (Multiplied by 1,000)

If a rate seems too high refer to the Eligibility Report because a relatively small number of services may result in an inordinately large rate per thousand when the corresponding total member month count for the category is also small.

ELIGIBILITY

The Eligibility reports display eligibility information in three ways, member months, average member months, and unique individuals. Member months are the total of the number of members eligible each month in the twelve-month report period. The total member months divided by twelve becomes the average members per month that can be used to estimate a single month of membership. The unique individuals count people who had at least one month of eligibility in the twelve month time period for the plan or combined total in a particular row. The columns will not necessarily add because a person may have been eligible for more than one plan or the FFS program during the twelve-month time period. For example, a Medi-Cal eligible who changes membership by going from the Medi-Cal FFS program to a Managed Care Plan will be counted once in the FFS program, once in the plan, but only once in the Medi-Cal Total. The difference between average and unique total can be used as an estimate of member mobility in and out of the plans.

ACUTE HOSPITAL INPATIENT

Total admits are a count of unique dates of admission for each individual, not a count of the service lines tied to an admission. Routine Obstetrics are the number of uncomplicated normal delivery admits. Other Medical-Surgical is calculated by subtracting the delivery from the total number of admits. Cesarean Deliveries are therefore part of Other Medical-Surgical.

Days are counted using Uniform Bill (UB-92) Accommodation Revenue Codes. The range of UB-92 codes for the number of days are all inclusive. This means the codes for nursery, leave-of-absence, inpatient sub-acute, and intensive care are included. See Appendix III for details.

The Average Length of Stay formula is:

(Total number of days) / Divided by (Total number of admits)

California Children Services (CCS) is a joint State/County program that provides diagnostic and treatment services, medical case management and medical therapy services to children less than 21 years of age from low-income families. CCS-eligible medical conditions include, severe genetic diseases, chronic diseases such as diabetes, infectious diseases, and trauma injuries. The Genetically Handicapped Persons Program (GHPP) is a State program that provides services to persons 21 years of age and older with certain genetic diseases including cystic fibrosis, hemophilia, sickle cell diseases and various neurological and metabolic diseases. The State reimburses providers for services through its contract fiscal intermediary. Medi-Cal Managed Care Plan members may obtain services from either of these programs when excluded from the Managed Care Plan's contracted scope of services. Counts of California Children Services (CCS) and Genetically Handicapped Persons Program (GHPP) services are based on a single modifier that indicates authorization for payment by either of these programs. Some of the inpatient admits in the CCS report may be for GHPP program services because they are reported as a single program code and cannot be separated. CCS is excluded from most of the Managed Care Plan contracts.

EMERGENCY ROOM VISITS

The ER report contains three rates: Diabetes, Asthma, and All ER. The rates are determined using a sum of encounters. An Encounter is defined as a history and physical exam or evaluation and management (E&M) encounter with a single provider on a single date of service in an ER. The rate for Diabetes and Asthma respectively, is determined using a count of encounters when a primary or secondary diagnosis of diabetes or asthma are found along with any of the provider E&M procedure codes. These rates are inclusive of all members. See Appendix IV for details.

IP ADMITS & ER VISITS for ASTHMA POPULATION and IP ADMITS & ER VISITS for DIABETES POPULATION

The Asthma and Diabetes population reports use member months only for those previously diagnosed with either disease. The denominators are the total member months during the twelve-month report period for members identified with a primary or secondary diagnosis of asthma or diabetes, respectively, during a twenty-four month period. The twenty-four month period includes the twelve-month report period and the preceding twelve-months. Prescriptions

for treatment of asthma or diabetes are not used to identify the members. These population reports have the average number of members with either disease, a rate admitted and a rate seen in the ER setting. The numerators are the total of IP admits and ER visits in the report period with a primary or secondary diagnosis of asthma or diabetes respectively. See Appendix V for details.

The rates per thousand members per month are calculated as follows:

[(Total # of asthma ER visits)/(Divided by Total asthma member months)] X (Multiplied by 1,000)

[(Total # of asthma Admits)/(Divided by Total asthma member months)] X (Multiplied by 1,000)

[(Total # of diabetes ER visits) / (Divided by Total diabetes member months)] X (Multiplied by 1,000)

[(Total # of diabetes Admits) / (Divided by Total diabetes member months)] X (Multiplied by 1,000)

OUTPATIENT VISITS

The rates for Outpatient visits are calculated using the sum of encounters with service dates in the twelve-month window period. An encounter is defined as an office visit with a single provider on a single date of service, not the number of procedures reported for that visit. "All Outpatient Visits" include Home Care, Rural Health Clinic and Federally Qualified Health Center and Home Care codes. Child Health and Disability Prevention services reported on PM-160 forms are translated into procedure codes and are part of these reports. Specific sub-groups of the procedure codes are used to differentiate "Well Care" from "Primary Care". Well Care contains procedure codes that are used to bill for preventive medicine, hearing, vision, and well care. Primary Care represent acute as well as routinely scheduled follow-up office or other outpatient service codes. See Appendix VI for details.

LABORATORY AND X RAY SERVICES

Laboratory and X-ray rates are based on the total number of services defined as procedure codes. Adjustments are included so changes filed by paid claim or encounter record are accounted for. X-ray procedures exclude radiology treatments for conditions such as cancers. See Appendix VII for details.

MEMBER PRESCRIPTIONS

The rates for Member Prescriptions are the total number of prescriptions issued in the twelvemonth report period. The "Plan Paid" rate uses the number of prescriptions paid by the Managed Care Plans. The difference between the total and plan paid prescriptions are used to determine the "FFS Paid" rate. It should be noted that some items other than drugs, such as bandages or other medical supplies, might be included when the item is dispensed with a prescription.

TOP TEN DRUGS

Top ten drugs by volume were analyzed by assigning First Data Bank Hierarchy Ingredient Code Logarithmic Numbers (HICL) to each National Drug Code (NDC) prescribed. The top ten HICL numbers were then determined by ranking the sums of these numbers. Therapeutic Class for each of the Top Ten drugs, are also shown in the reports.

Top ten drugs by cost are based on the Average Wholesale Price (AWP) and do not take into account rebates or other methods used to reduce actual expenditures. Cost is calculated by multiplying the number of prescriptions by AWP per unit. The top ten by total cost is then determined by ranking the totals of these amounts.

It appears that the payer shown on the encounter may not always reflect the actual entity that pays for the prescribed item. This would account for some "Plan Paid" prescriptions for FFS members.

CHARTS

The totals used in the charts are for the overall Medi-Cal program, Medi-Cal FFS, Managed Care Plans and Managed Care Plan Model Type. The weighted overall plan model rate is displayed as a bar within the chart and is determined by summing the service units in question for all the plans and dividing the sum by the total member months of all plans in the model. A line on each chart indicates the average rate for each plan model type and is determined by adding all the plan rates and dividing the sum by the total number of plans in the model type.

Appendix I

Aid Code Categories

FAMILY		
30 Temporary Assistance for Needy Families		
35 TANF-Unemployed Parent	38 Edwards vs. Kizer	
33 TANF-Cal WORKS-Unemployed Parent-State Only	3R TANF-Family Group Exempt (30)	
(cash)		
42 TANF-Foster Care (FC)/Federal	40 TANF-Foster Care (FC)/Nonfederal	
3P TANF-Unemployed Parent-Exempt (35)	7J Continuous Eligibility-Children	
4M Former Foster Care Youth	32 TANF-Timed Out	
3U CALWORKS Legal Immigrant-Unemployed Parent-	4F Kin GAP Cash Assistance	
Mixed Cases		
3E CALWORKS Legal Immigrant-Family Group-	3M CALWORKS Legal Immigrant-Unemployed	
Mixed Cases	Parent-State Only	
3L CALWORKS Legal Immigrant-Family Group-State	4C TANF-VFC/Fed Voluntary Foster Care	
Only	ALITANE CALMORAGA A LA	
3G TANF-CALWORKS-Family Group-Exempt-State	3H TANF-CALWORKS-Unemployed Parent-Exempt-	
Only (32)	State Only (33)	
3C TANF-Calif Altern Assist Prog-Unempl Parent	3A TANF-Calif Altern Assist Program-Family Group	
4G Kin GAP Cash Assistance State Only	43 EA-Abused/Neglected/Exploited Child	
3N 1931(b) AFDC	34 TANF-Medically Needy	
3V AFDC-MN-1931 (B) Non Cal WORKS –	37 TANF/Medically Needy-Share Of Cost	
Emergency Services Only 39 Initial Transitional Midi-Cal (6 months)	59 Continuing Transitional Medi-Cal (6 months)	
7X One Month Healthy Families Bridge	37 Initial Transitional Medi-Cal – Emergency Services	
/A One Month Healthy Families Bridge	Only	
5X 2nd Year Transitional Medi-Cal (1 year) age 19 &	5T Continuing Transitional Medi-Cal – ESO	
older	51 Continuing Transitional Wedi Cai E50	
54 Four Month Continuing	5Y 2nd Year Transitional Medi-Cal (1 year) age 19 &	
č	older -	
5W Four Month Continuing – Pregnancy + Emergency	86 Medically Indigent (MI) Pregnant No Share Of Cost	
Services Only		
87 Medically Indigent (MI) Pregnant Share Of Cost	58 Omnibus Budget Reconciliation Act (OBRA) Alien	
5F OBRA Alien-Pregnant Woman	55 OBRA not Permanent Resident Under Color Of law	
5N OBRA – Pregnancy/Emergency Only/Labor &	5G OBRA Undocumented Aliens/Nonimmigrant Alien	
Delivery/Share Of Cost/No		
01 Refugee Cash Assistance (RCA)	02 Refugee-Medical Assist	
7K Continuous Eligibility-Children-Undoc	08 Entrant Cash Assistance	
44 200% - Pregnant Citizen	48 200% - Pregnant OBRA	
7N Under 21-All Pregnancy-related Services-No	49 Income Disregard Pregnancy Amnesty Alien	
76 60-Day Postpartum		

Appendix I (continued)

Aid Code Catagories (continued)

YOUTH-RELATED (Foster Care)			
82 Medically Indigent (MI) Person under 21	83 Medically Indigent (MI) Person under 21		
03 Adoption Assistance Program (AAP)-Federal	45 Foster Care (FC)		
04 AAP/Aid for Adopted of Children-Non Federal	5K Emergency Assistance Foster Care-Child Welfare Services-50% FFP		
4K Emergency Assistance Foster Care-Probation	4A Adoption Assistance Program (AAP)		
7A 100% Citizen Child	8R 100% Excess Property Child		
7C 100% OBRA Child	8T 100% Excess Property Child-Pregnancy +		
5M 133% OBRA Undocs Child	72 133%-Citizen/Lawful Permanent Resident/Permanent Resident Under Color Of Law/Conditional Resident		
8P 133% Excess Property Child	74 133%-Undocumented/Temporary Visa (OBRA)		
8N 133% Excess Property Child – Emergency Services Only	47 200% - Infant Citizen		
69 200% - Infant OBRA			
	LED (Long Term Care)		
10 Aged-Supplemental Security Income/State	, j		
Supplementary Payment (SSI/SSP)-Cash	18 Aged-In Home Support Services (IHSS)		
16 Aged-Pickle Eligibility	60 Disabled-SSI/SSP-Cash		
20 Blind-SSI/SSP-Cash	66 Disabled-Pickle Eligibility		
68 Disabled-IHSS	6N Former SSI No Longer Disabled in Appeals Status		
6C Disabled Adult Child (DAC)-Disabled	28 Blind-IHSS		
26 Blind-Pickle Eligibility	36 Disabled-Consolidated Omnibus Budget Reconciliation Act-Widow/ers		
6A Disabled Adult Child Blind	6P Personal Responsibility and Work Opportunity Reconciliation Act No Longer Disabled Children		
14 Aged-Medically Needy	13 Aged-Long Term Care		
17 Aged-Medically Needy-Share Of Cost	1H Aged Federal Poverty Level Program		
64 Disabled-Medically Needy	67 Disabled-Medically Needy-Share Of Cost		
63 Disabled-Long Term Care	6H Disabled – Federal Poverty Level Program		
6V Model/Department of Developmental Services (DDS) Regional Waivers (No SOC)	24 Blind-Medically Needy		
6G 250% Working Disabled	23 Blind-Long Term Care		
27 Blind-Medically Needy-Share Of Cost	6X Model Waiver (No Share Of Cost)		
6W Department of Developmental Services Regional Waiver	6Y Model Waiver Share Of Cost		
8G Severely Impaired Working Individual	80 Qualified Medicare Beneficiary (QMB)		
53 Adult/Aid Totally Disabled (Medically Indigent Long			
Term Care)	Medi-Cal Only		
OTHER AID CODES			
6J Pending Disability Determination 6U Disabled-Federal Poverty Level Program			
7F Presumptive Eligibility Office Visits Only	7H Tuberculosis		
05 Severely Emotionally Disabled Child-cash only	06 AFDC-Emergency Assistance *removed 11/96		
1U Aged- Federal Poverty Level Program-Undoc.	6J Pending Disability Determination		
6R Potential Grandfathered SSI Disabled Child	- J		

Appendix II

Ethnic Categories

Major Ethnic Groups	Individual Ethnic Groups
White	White
Hispanic	Hispanic
Black	Black
Asian and Pacific Islander	Amerasian, Asian Indian, Chinese,
	Cambodian, Filipino, Guamanian,
	Hawaiian, Japanese, Korean,
	Laotian, Samoan, and Vietnamese
Native American/Alaskan	Native American/Alaskan
Other	Other
Missing/Invalid	No valid data, missing, no
	response, and client declined to
	state

Appendix III

Acute Hospital Inpatient

PROCEDURE CODE DESCRIPTION	CODE RANGE
Admits	MIS/DSS FIELD
Admits are assigned when the record is imported into the database	Case ID
Days	UB-92
Accommodation Revenue Codes	10X-21X
Days from the Unit field on inpatient records	Sum of values
Routine Obstetrics (Normal Deliveries)	CPT-4
Routine care, vaginal delivery with/without episiotomy, forceps and postpartum	59400
Vaginal delivery only with/without episiotomy, forceps	59409
Including postpartum care	59410
Delivery after previous cesarean delivery	59610
Delivery only	59612
Including postpartum care	59614
	ICD-9-CM
Normal Delivery unspecified thru Multiple gestation	650:6519
Postpartum care and examination immediately after delivery, lactation, follow-up	V24:V242

Appendix IV

Emergency Room

PROCEDURE CODE DESCRIPTION	CODE RANGE
Visit	CPT-4 CM
24 hour/day emergency room visit	99281 - 99285
Physician direction of E M S care, advanced life support	99288
	UB-92
Emergency medical treatment and active labor act-cobra 1985 Initial screening/assessment rendered	450 - 459

Appendix V

IP Admits and ER Visits for Asthma/Diabetes Population

PROCEDURE CODE DESCRIPTION	CODE RANGE		
Asthma			
	ICD-9-CM		
Asthma	493		
Asthma without status asthmaticus	4930		
Ext. asthma with/without status asthmaticus	49300 – 49302		
Intrinsic asthma late onset with/without	4931 – 49312		
Chronic obstructive asthma with/without	4932 – 49322		
Asthma-unspecified with/without	4939 – 49392		
Diabet	res		
	ICD-9-CM		
Diabetes Mellitus	250		
DM Type II	2500		
DM I or II without complication	25000 – 25003		
Diabetes with ketoacidosis	2501 – 25013		
Diabetes with hyperosmolarity	2502 – 25023		
Diabetes with other coma	2503 – 25033		
Diabetes with renal manifestation	2504 – 25043		
Diabetes with ophthalmic manifestations	2505 – 25053		
Diabetes with neurological manifestations	2506 – 25063		
Diabetes with peripheral circulatory disorders	2507 – 25073		
Diabetes with other specified manifestations	2508 – 25083		
Diabetes with unspecified complication	2509 – 25093		
Neuropathy in Diabetes	3572		
Diabetic retinopathy	3620		
Background diabetic retinopathy	36201		
Proliferative diabetic retinopathy +C20	36202		
DM (pregnancy, not gestational diabetes)	6480		
See Appendix III for concurrent cod	les used to determine IP Admits		
See Appendix IV for concurrent coo	les used to determine ER Visits		

Appendix VI

Outpatient Visits

All outpatient visits include the codes listed below for outpatient, Primary Care and Well Care. Primary Care and Well Care are limited subsets of the listed codes.

PROCEDURE CODE DESCRIPTION	CODE	RANGE	
All Outpatient	CODE	TUTI (GE	
Office or Other Outpatient	00001	00001	
Vision (Adult & Child)	00004	00004	
Well Child (0-17 years)	00010	00010	
Office or Other Outpatient	00018	00018	
Home Services	00073	00073	
Home Services	00074	00074	
Home Services	00080	00080	
Vision Services (Adult & Child)	92002	92060	
Vision Services (Adult & Child)	92081	92287	
Hearing Services (Adult & Child)	92506	92506	
Hearing Services (Adult & Child)	92551	92589	
Office or Other Outpatient Services	99201	99215	
Office or Other Outpatient Services	99241	99245	
Office or Other Outpatient Services	99321	99333	
Home Services	99341	99353	
Well Child Services (0-17 years)	99381	99384	
Preventive Medicine Services (Adult)	99385	99385	
Preventive Medicine Services (Adult)	99386	99390	
Well Child Services (0-17 years)	99391	99394	
Preventive Medicine Services (Adult)	99395	99429	
Well Child Services (0-17 years)	99431	99432	
Well Child Services (0-17 years)	99435	99436	
Hearing Screening (Adult & Child)	V5008	V5008	
Hearing Screening (Adult & Child)	X4500	X4542	
Office or Other Outpatient	Z0312	Z0312	
Home Services	Z5008	Z5008	
Home Services	Z5010	Z5010	
Home Services	Z7100	Z7102	
Hearing Screening (Adult & Child)	Z9007	Z9007	
Home Services	Z9027	Z9030	
Home Services	Z9102	Z9109	
Primary Care			
Office or Other Outpatient	00001	00001	
Office or Other Outpatient	00018	00018	
Office or Other Outpatient	Z0312	Z0312	
Office or Other Outpatient Services	99201	99215	
Office or Other Outpatient Services	99241	99245	
Office or Other Outpatient Services	99321	99333	

AppendixVI (continued)

Outpatient Visits (continued)

PROCEDURE CODE DESCRIPTION	CODE I	RANGE
Well Care		
Vision (Adult & Child)	00004	00004
Well Child (0-17 years)	00010	00010
Hearing Screening (Adult & Child)	V5008	V5008
Hearing Screening (Adult & Child)	X4500	X4542
Hearing Screening (Adult & Child)	Z9007	Z9007
Vision Services (Adult & Child)	92002	92060
Vision Services (Adult & Child)	92081	92287
Hearing Services (Adult & Child)	92506	92506
Hearing Services (Adult & Child)	92551	92589
Well Child Services (0-17 years)	99381	99384
Preventive Medicine Services (Adult)	99385	99385
Preventive Medicine Services (Adult)	99386	99390
Well Child Services (0-17 years)	99391	99394
Preventive Medicine Services (Adult)	99395	99429
Well Child Services (0-17 years)	99431	99432
Well Child Services (0-17 years)	99435	99436

Appendix VII

Laboratory Procedures

PROCEDURE CODE DESCRIPTION		CPT-4-CM	
Organ or Disease Panels – Chemistry	80000	83634	
Lead Screen Services (Adult & Child)	83655	83655	
Lecethin-sphingomyelin ratio – Differential white blood cell count	83661	85012	
Automated hemogram – histoplasmosis	85019	86579	
Unlisted antigen – Candida	86586	87999	
Fine needle aspiration thyroid, breast, prostate – surgical pathology	88170	88399	
Medi-Cal codes for Newborn mental retardation – Expanded Alpha Fetoprotein	Z2000	Z2503	

X-ray Procedures

PROCEDURE CODE DESCRIPTION		CPT-4-CM	
Diagnostic Radiology	70010	76499	
Aorta and Arteries	75600	75790	
Diagnostic Ultrasound	76506	76999	
Clinical Treatment Planning	77261	77299	
Nuclear Medicine	78000	78299	
Musculoskeletal system	78300	78399	
Cardiovascular System	78414	78499	

•		,	
	Member Months	Average MM	Unique IDs
Medi-Cal Program Combined	80,773,048	6,731,087	8,166,289
_			5,168,487
Medi-Cal Fee for Service Program	41,075,258	3,422,938	
Medi-Cal Managed Care (selected plans)	39,443,380	3,286,948	4,131,060
Geographic Managed Care Combined	4,049,954	337,496	435,582
Sharp Health Plan, San Diego	598,421	49,868	69,087
Universal Care, San Diego	154,310	12,859	19,685
Community Health Group, San Diego	785,729	65,477	84,391
Blue Cross of California, San Diego	189,262	15,772	24,773
University of Cal-San Diego Health Plan	155,510	12,959	18,450
Health Net, San Diego	107,451	8,954	14,551
	107,977	8,998	11,442
Kaiser Foundation Health Plan, San Diego			
Molina Health Care of California, Sacramento	243,892	20,324	27,719
Western Health Advantage, Sacramento	187,196	15,600	20,973
Health Net, Sacramento	368,217	30,685	40,556
Kaiser, Sacramento	239,304	19,942	24,163
Blue Cross of California, Sacramento	912,685	76,057	97,271
Two Plan Model Combined	28,816,422	2,401,369	3,027,216
Alameda Alliance for Health, Alameda	882,677	73,556	94,457
Blue Cross of California, Alameda	337,146	28,096	40,454
Contra Costa Health Plan, Contra Costa	500,726	41,727	55,606
Blue Cross of California, Contra Costa	88,585	7,382	12,446
Kern Family Health Care, Kern	839,405	69,950	96,643
Blue Cross of California, Kern	429,352	35,779	49,216
LA CARE Health Plan, Los Angeles	9,729,406	810,784	1,002,724
Health Net, Los Angeles	6,304,282	525,357	669,772
Inland Empire Health Plan, Riverside	1,219,158	101,597	143,162
·			
Molina Health Care of California, Riverside	473,032	39,419	60,306
Inland Empire Health Plan, San Bernardino	1,556,851	129,738	176,707
Molina Health Care of California, San Bernardino	626,306	52,192	78,200
San Francisco Health Plan, San Francisco	347,394	28,950	38,562
Blue Cross of California, San Francisco	171,243	14,270	18,514
Health Plan of San Joaquin, San Joaquin	678,610	56,551	72,744
Blue Cross of California, San Joaquin	241,804	20,150	30,049
Santa Clara Family Health Plan, Santa Clara	796,463	66,372	89,603
Blue Cross of California, Santa Clara	307,225	25,602	33,500
Blue Cross/Stanislaus Local Initiative, Stanislaus	463,115	38,593	53,437
Blue Cross of California LI, Tulare	737,129	61,427	79,123
Health Net, Tulare	193,903	16,159	23,554
Blue Cross of California, Fresno	1,544,454	128,705	162,608
Health Net, Fresno	348,156	29,013	41,738
County Organized Health Systems Combined	6,577,004	548,084	691,406
Santa Barbara Health Initiative, Santa Barbara	615,042	51,254	63,764
Health Plan of San Mateo, San Mateo	556,795	46,400	59,638
Partnership Health Plan of California, Solano	553,500	46,125	60,158
Partnership Health Plan of California, Napa	117,431	9,786	13,526
·	279,562		
Partnership Health Plan of California, Yolo		23,297	30,752
CalOPTIMA, Orange	3,451,363	287,614	357,462
Central Coast Alliance for Health, Santa Cruz	320,439	26,703	33,879
Central Coast Alliance for Health, Monterey	682,872	56,906	74,667
All Other Plan Codes Combined	254,410	21,201	42,073

(By Age Group)

Overall Totals

All Medi-Cal			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	3,071,985	255,999	547,760
1 to < 10	20,864,174	1,738,681	2,263,343
10 to < 20	17,447,610	1,453,968	1,879,301
20 to < 45	21,526,070	1,793,839	2,306,897
45 to < 65	8,254,392	687,866	819,855
65 to < 75	4,857,387	404,782	476,160
75 to < 85	3,457,577	288,131	339,832
85+	1,293,836	107,820	132,981
Medi-Cal Fee-For-Service	Program		
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	1,307,250	108,938	379,124
1 to < 10	6,443,942	536,995	1,035,391
10 to < 20	6,901,809	575,151	991,173
20 to < 45	12,661,264	1,055,105	1,592,744
45 to < 65	5,424,393	452,033	584,724
65 to < 75	4,193,167	349,431	416,056
75 to < 85	3,012,182	251,015	299,014
85+	1,131,234	94,270	117,256
Medi-Cal Managed Care (s			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	1,754,918	146,243	343,383
1 to < 10	14,357,684	1,196,474	1,576,097
10 to < 20	10,503,051	875,254	1,136,434
20 to < 45	8,810,304	734,192	998,693
45 to < 65	2,801,845	233,487	296,379
65 to < 75	643,638	53,637	65,452
75 to < 85	421,902	35,159	42,710
85+	150,038	12,503	16,004
Geographic Managed Car			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	174,162	14,514	35,665
1 to < 10	1,414,168	117,847	161,548
10 to < 20	1,197,090	99,758	130,166
20 to < 45	960,574	80,048	110,778
45 to < 65	262,536	21,878	27,779
65 to < 75	26,003	2,167	2,667
75 to < 85	13,298	1,108	1,323
85+	2,123	177	225
Two Plan Model Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	1,177,041	98,087	240,531
1 to < 10	11,036,996	919,750	1,207,755
10 to < 20	8,061,819	671,818	872,241
20 to < 45	6,570,807	547,567	748,718
45 to < 65	1,821,844	151,820	195,156
45 to < 75	102,224	8,519	10,799
75 to < 85	36,743	3,062	3,739
75 to < 65 85+	8,948	746	939
00.	0,340	140	338

(By Age Group)

Overall Totals (continued)

	Overall Lotals	s (continuea)	
County Organized Health Sys			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	403,715	33,643	68,338
1 to < 10	1,906,520	158,877	216,587
10 to < 20	1,244,142	103,679	139,336
20 to < 45	1,278,923	106,577	144,726
45 to < 65	717,465	59,789	74,128
65 to < 75	515,411	42,951	52,038
75 to < 85	371,861	30,988	37,679
85+	138,967	11,581	14,845
All other Plan Codes	,	, :	11,010
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	9,817	818	2,489
1 to < 10	62,548	5,212	11,901
10 to < 20	42,750	3,563	7,888
20 to < 45	54,502	4,542	9,845
45 to < 65	28,154	2,346	4,745
65 to < 75	20,582	1,715	2,791
		1,958	
75 to < 85	23,493		2,857
85+	12,564	1,047	1,466
G	oographic Mana	aged Care Plans	
	eograpine mane	aged date i laits	
Sharp Health Plan, San Diego Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1		Average Member Months 2,809	7,071
	33,713		
1 to < 10	236,114	19,676	28,438
10 to < 20	155,102	12,925	18,028
20 to < 45	140,968	11,747	17,345
45 to < 65	29,642	2,470	3,398
65 to < 75	2,271	189	236
75 to < 85	556	46	63
85+	55	5	7
Universal Care, San Diego			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	9,553	796	2,180
1 to < 10	60,101	5,008	8,027
10 to < 20	45,886	3,824	5,734
20 to < 45	29,294	2,441	4,068
45 to < 65	8,446	704	1,021
65 to < 75	604	50	70
75 to < 85	357	30	34
85+	69	6	6
Community Health Group, Sai	n Diego		
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	33,157	2,763	6,878
1 to < 10	291,600	24,300	33,359
10 to < 20	253,554	21,130	27,524
20 to < 45	139,581	11,632	16,310
45 to < 65	54,936	4,578	5,762
65 to < 75	6,637	553	666
75 to < 85	5,551	463	538
85+	713	59	77
00 1	113	59	//

(By Age Group)

Geographic Managed Care Plans (continued)

Dive Crease of California Con Diago			
Blue Cross of California, Sa	Member Months	Average Member Months	Unique ID's
Age Range in Years 0 to < 1		Average Member Months	Unique ID's
	12,707	1,059	2,910
1 to < 10	71,811	5,984	9,722
10 to < 20	49,044	4,087	6,383
20 to < 45	43,682	3,640	6,077
45 to < 65	11,304	942	1,413
65 to < 75	594	50	68
75 to < 85	102	9	12
85+	18	2	3
University of Cal-San Diego			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	10,020	835	2,008
1 to < 10	56,711	4,726	7,111
10 to < 20	42,719	3,560	5,154
20 to < 45	34,730	2,894	4,413
45 to < 65	10,325	860	1,178
65 to < 75	735	61	80
75 to < 85	220	18	21
85+	50	4	5
Health Net, San Diego			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	7,576	631	1,790
1 to < 10	40,892	3,408	5,715
10 to < 20	29,326	2,444	3,939
20 to < 45	23,841	1,987	3,407
45 to < 65	5,248	437	670
65 to < 75	365	30	42
75 to < 85	195	16	21
85+	8	1	3
Kaiser Foundation Health P	lan, San Diego		
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	2,772	231	565
1 to < 10	31,431	2,619	3,614
10 to < 20	30,863	2,572	3,348
20 to < 45	29,543	2,462	3,287
45 to < 65	8,573	714	889
65 to < 75	2,722	227	270
75 to < 85	1,693	141	164
85+	380	32	39
Molina Health Care of Califo	ornia, Sacramento		
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	7,697	641	1,756
1 to < 10	79,976	6,665	9,732
10 to < 20	81,293	6,774	9,129
20 to < 45	58,295	4,858	7,260
45 to < 65	15,140	1,262	1,679
65 to < 75	1,084	90	115
75 to < 85	334	28	41
85+	73	6	7

(By Age Group)

Geographic Managed Care Plans (continued)

_		are Plans (Continued)
Western Health Advantage,		A	Heima IDIa
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	5,502	459	1,204
1 to < 10	57,846	4,821	6,927
10 to < 20	55,276	4,606	6,236
20 to < 45	51,111	4,259	6,147
45 to < 65	14,594	1,216	1,552
65 to < 75	1,957	163	206
75 to < 85	766	64	79
85+	144	12	14
Health Net, Sacramento			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	11,660	972	2,540
1 to < 10	114,356	9,530	13,397
10 to < 20	125,103	10,425	13,683
20 to < 45	88,918	7,410	10,838
45 to < 65	26,210	2,184	2,828
65 to < 75	1,309	109	148
75 to < 85	610	51	58
85+	51	4	7
Kaiser, Sacramento	•	·	·
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	5,650	471	1,105
1 to < 10	72,086	6,007	7,722
10 to < 20	68,686	5,724	7,202
20 to < 45	67,947	5,662	7,300
45 to < 65	18,590	1,549	1,857
65 to < 75	4,120	343	411
75 to < 85	1,877	156	194
85+	348	29	37
Blue Cross of California, Sa		29	37
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	34,155	2,846	6,931
1 to < 10	301,244	25,104	33,953
10 to < 20	260,238	21,687	
20 to < 45			28,185 28,733
	252,664	21,055	, , , , , , , , , , , , , , , , , , ,
45 to < 65	59,528	4,961	6,390
65 to < 75	3,605	300	384
75 to < 85	1,037	86	105
85+	214	18	21
	Two Plan M	odel Plans	
Alameda Alliance for Health			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	36,897	3,075	7,644
1 to < 10	290,221	24,185	33,474
		24, 165 21,497	
10 to < 20	257,966 212,056	•	27,780
20 to < 45	213,956	17,830	24,371
45 to < 65	70,937	5,911	7,461
65 to < 75	8,810	734	963
75 to < 85	3,297	275	345
85+	593	49	63

(By Age Group)

Blue Cross of California, A	Mameda	iano (continuou)	
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	15,929	1,327	3,522
1 to < 10	119,341	9,945	15,141
10 to < 20	89,467	7,456	10,908
20 to < 45	87,605	7,300	11,005
45 to < 65	22,621	1,885	2,634
65 to < 75	1,534	128	173
75 to < 85	567	47	64
85+	82	7	11
Contra Costa Health Plan,		ı	1.1
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	25,595	2,133	5,170
1 to < 10	178,413	14,868	21,073
10 to < 20	135,817	11,318	15,230
20 to < 45	119,775	9,981	14,276
45 to < 65	34,280	2,857	3,681
65 to < 75	4,029	336	417
75 to < 85	2,216	185	225
85+	601	50	61
Blue Cross of California, C		50	O1
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	5,828	486	1,362
1 to < 10	34,897	2,908	5,026
10 to < 20	23,947	1,996	3,314
20 to < 45	19,688	1,641	3,055
45 to < 65	3,929	327	531
65 to < 75	167	14	25
75 to < 85	101	8	10
85+	28	2	3
Kern Family Health Care, I		_	•
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	39,845	3,320	8,224
1 to < 10	323,544	26,962	38,338
10 to < 20	230,336	19,195	26,953
20 to < 45	203,556	16,963	25,510
45 to < 65	39,877	3,323	4,764
65 to < 75	1,896	158	208
75 to < 85	299	25	36
85+	52	4	7
Blue Cross of California, k			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	16,982	1,415	3,470
1 to < 10	147,192	12,266	17,623
10 to < 20	119,870	9,989	13,972
20 to < 45	115,934	9,661	14,302
45 to < 65	27,190	2,266	3,135
65 to < 75	1,764	147	193
75 to < 85	347	29	36
85+	73	6	9

(By Age Group)

LA CARE Health Plan, Los A	ngeles	idiio (oontiiidoa)	
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	355,056	29,588	72,409
1 to < 10	3,858,945	321,579	412,419
10 to < 20	2,666,979	222,248	285,475
20 to < 45	2,151,933	179,328	240,520
45 to < 65	656,997	54,750	70,382
65 to < 75	28,556	2,380	3,036
75 to < 85	8,364	697	862
85+	2,576	215	273
Health Net, Los Angeles	2,0.0	2.0	2.0
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	231,678	19,307	48,844
1 to < 10	2,494,456	207,871	274,726
10 to < 20	1,789,578	149,132	195,942
20 to < 45	1,384,227	115,352	160,181
45 to < 65	379,269	31,606	41,560
65 to < 75	15,675	1,306	1,686
75 to < 85	7,194	600	726
85+	2,205	184	236
Inland Empire Health Plan, F			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	65,989	5,499	13,827
1 to < 10	475,309	39,609	58,507
10 to < 20	341,371	28,448	40,376
20 to < 45	271,811	22,651	34,083
45 to < 65	59,810	4,984	6,919
65 to < 75	3,060	255	334
75 to < 85	1,575	131	159
85+	233	19	23
Molina Health Care of Califo	rnia, Riverside		
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	30,713	2,559	6,697
1 to < 10	193,653	16,138	25,475
10 to < 20	129,348	10,779	16,448
20 to < 45	97,815	8,151	13,369
45 to < 65	20,641	1,720	2,641
65 to < 75	696	58	82
75 to < 85	127	11	13
85+	39	3	5
Inland Empire Health Plan, S			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	69,353	5,779	14,858
1 to < 10	596,795	49,733	71,129
10 to < 20	443,112	36,926	50,831
20 to < 45	361,259	30,105	44,034
45 to < 65	79,638	6,637	8,953
65 to < 75	4,251	354	440
75 to < 85	1,930	161	192
85+	513	43	53

(By Age Group)

Molina Health Care of California, San Bernardino			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	29,074	2,423	6,676
1 to < 10	244,840	20,403	31,839
10 to < 20	183,887	15,324	22,900
20 to < 45	138,359	11,530	18,557
45 to < 65	28,659	2,388	3,541
65 to < 75	969	81	111
75 to < 85	455	38	43
85+	63 San Francisco	5	7
San Francisco Health Plan, Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	16,856	1,405	3,482
1 to < 10	115,163	9,597	13,278
10 to < 20	87,025	7,252	9,925
20 to < 45	86,301	7,192	10,469
45 to < 65		2,923	3,871
45 to < 65	35,073		
	4,681	390	478
75 to < 85	1,905	159	192
85+	390	33	39
Blue Cross of California, Sa Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	5,669	472	1,131
1 to < 10	50,355	4,196	5,668
10 to < 20	48,480	4,040	5,407
20 to < 45	44,717	3,726	5,379
45 to < 65	19,906	1,659	2,146
65 to < 75	1,346	112	144
75 to < 85	565	47	60
85+	205	17	20
Health Plan of San Joaquin,		A	Heimo IDI-
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	28,148	2,346	5,682
1 to < 10	233,764	19,480	26,538
10 to < 20	209,753	17,479	22,562
20 to < 45	163,474	13,623	19,158
45 to < 65	40,722	3,394	4,297
65 to < 75	2,229	186	233
75 to < 85	475	40	51
85+	. 45	4	4
Blue Cross of California, Sa	-	A	Heima IDIa
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	11,203	934	2,479
1 to < 10	91,218	7,602	11,660
10 to < 20	64,700	5,392	8,126
20 to < 45	63,075	5,256	8,483
45 to < 65	10,995	916	1,350
65 to < 75	424	35	53
75 to < 85	138	12	17
85+	51	4	5

(By Age Group)

		i idiis (continuca)	
Santa Clara Family Health Plan Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	47,226	3,936	9,807
1 to < 10	309,995	25,833	36,687
10 to < 20	192,213	16,018	22,124
20 to < 45	177,405	14,784	21,737
45 to < 65	56,966	4,747	6,295
65 to < 75		672	848
	8,063	330	395
75 to < 85	3,964		
85+	631	53	63
Blue Cross of California, Santa Age Range in Years		Average Member Months	Unique ID's
0 to < 1	Member Months 10,630	Average Member Months 886	
			2,292
1 to < 10	88,392	7,366	10,555
10 to < 20	94,114	7,843	10,211
20 to < 45	70,809	5,901	8,569
45 to < 65	39,788	3,316	4,103
65 to < 75	2,600	217	277
75 to < 85	763	64	79
85+	129	11	15
Blue Cross/Stanislaus Local Ini			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	18,988	1,582	4,094
1 to < 10	159,493	13,291	19,671
10 to < 20	138,044	11,504	15,893
20 to < 45	114,307	9,526	14,322
45 to < 65	30,118	2,510	3,319
65 to < 75	1,863	155	193
75 to < 85	243	20	28
85+	59	5	6
Blue Cross of California LI, Tul			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	32,733	2,728	6,573
1 to < 10	276,753	23,063	30,929
10 to < 20	202,060	16,838	22,458
20 to < 45	181,964	15,164	20,916
45 to < 65	41,956	3,496	4,589
65 to < 75	1,455	121	173
75 to < 85	196	16	25
85+	12	1	1
Health Net, Tulare			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	7,550	629	1,727
1 to < 10	75,231	6,269	9,425
10 to < 20	55,538	4,628	6,882
20 to < 45	46,044	3,837	6,062
45 to < 65	9,208	767	1,109
65 to < 75	272	23	29
75 to < 85	36	3	3
85+	24	2	2

(By Age Group)

Two Plan Model Plans (continued)			
Blue Cross of California, Fre	esno		
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	59,651	4,971	12,040
1 to < 10	544,064	45,339	60,127
10 to < 20	461,115	38,426	49,565
20 to < 45	374,446	31,204	42,860
45 to < 65	95,894	7,991	10,074
65 to < 75	7,055	588	699
75 to < 85	1,885	157	189
85+	344	29	36
Health Net, Fresno	J -1-	29	30
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	15,448	1,287	3,397
1 to < 10			
	134,962	11,247	16,557
10 to < 20	97,099	8,092	11,832
20 to < 45	82,347	6,862	10,721
45 to < 65	17,370	1,448	2,110
65 to < 75	829	69	92
75 to < 85	101	8	13
85+	0	0	0
0		a altha Occatava Diama	
	•	ealth System Plans	
Santa Barbara Health Initiati			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	39,262	3,272	6,517
1 to < 10	179,392	14,949	19,844
10 to < 20	118,943	9,912	13,104
20 to < 45	140,503	11,709	15,375
45 to < 65	69,675	5,806	7,099
65 to < 75	31,989	2,666	3,323
75 to < 85	24,626	2,052	2,527
85+	10,652	888	1,154
Health Plan of San Mateo, S	an Mateo		
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	32,312	2,693	5,621
1 to < 10	141,882	11,824	16,827
10 to < 20	84,249	7,021	10,012
20 to < 45	92,148	7,679	10,636
45 to < 65	61,215	5,101	6,488
65 to < 75	67,663	5,639	6,995
75 to < 85	55,523	4,627	5,622
85+	21,803	1,817	2,278
Partnership Health Plan of C		1,011	_,
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	24,379	2,032	4,233
1 to < 10	139,732	11,644	16,431
10 to < 20	119,160	9,930	13,693
20 to < 45	140,510	11,709	16,259
45 to < 65	56,308	4,692	6,056
65 to < 75	34,671		3,702
		2,889	
75 to < 85	28,782	2,399	3,028
85+	9,958	830	1,093

(By Age Group)

County Organized Health System Plans (continued)

Partnership Health Plan of California, Napa			
<u>-</u>		Average Mancher Manthe	Unique IDIa
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	6,975	581	1,204
1 to < 10	29,480	2,457	3,614
10 to < 20	21,369	1,781	2,663
20 to < 45	26,262	2,189	3,283
45 to < 65	14,027	1,169	1,576
65 to < 75	8,924	744	973
75 to < 85	6,658	555	733
85+	3,736	311	440
Partnership Health Plan o			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	11,408	951	2,016
1 to < 10	69,922	5,827	8,345
10 to < 20	60,781	5,065	7,089
20 to < 45	67,405	5,617	8,017
45 to < 65	35,621	2,968	3,790
65 to < 75	17,384	1,449	1,790
75 to < 85	12,348	1,029	1,294
85+	4,693	391	527
CalOPTIMA, Orange			
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	222,973	18,581	37,486
1 to < 10	1,048,908	87,409	117,860
10 to < 20	638,535	53,211	70,276
20 to < 45	597,309	49,776	66,498
45 to < 65	371,110	30,926	37,826
65 to < 75	297,500	24,792	29,563
75 to < 85	202,785	16,899	20,331
85+	72,243	6,020	7,659
Central Coast Alliance for	Health, Santa Cruz		
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	19,661	1,638	3,350
1 to < 10	83,585	6,965	9,510
10 to < 20	61,469	5,122	6,795
20 to < 45	73,981	6,165	8,355
45 to < 65	42,804	3,567	4,432
65 to < 75	18,596	1,550	1,908
75 to < 85	13,971	1,164	1,462
85+	6,372	531	715
Central Coast Alliance for	, , , , , , , , , , , , , , , , , , ,		
Age Range in Years	Member Months	Average Member Months	Unique ID's
0 to < 1	46,745	3,895	8,045
1 to < 10	213,619	17,802	24,893
10 to < 20	139,636	11,636	16,159
20 to < 45	140,805	11,734	16,848
45 to < 65	66,705	5,559	7,097
65 to < 75	38,684	3,224	3,933
75 to < 85	27,168	2,264	2,793
85+	9,510	793	1,021
001	9,510	195	1,021

(By Aid Code Range)

Overall Totals

All Medi-Cal			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	54,695,047	4,557,921	5,698,313
Youth-Related	6,608,349	550,696	1,098,312
Aged, Blind, Disabled	19,316,265	1,609,689	1,777,601
Other Aid Codes	153,387	12,782	30,209
Medi-Cal Fee-For-Service Progran	n		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	21,453,224	1,787,769	3,069,125
Youth-Related	3,514,813	292,901	769,639
Aged, Blind, Disabled	15,961,540	1,330,128	1,490,684
Other Aid Codes	145,681	12,140	29,281
Medi-Cal Managed Care (selected	plans)		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	33,110,084	2,759,174	3,538,178
Youth-Related	3,072,462	256,039	485,613
Aged, Blind, Disabled	3,253,196	271,100	315,875
Other Aid Codes	7,638	637	969
Geographic Managed Care			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	3,526,907	293,909	380,870
Youth-Related	263,800	21,983	43,359
Aged, Blind, Disabled	259,212	21,601	25,044
Other Aid Codes	35	3	4
Two Plan Model			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	25,523,201	2,126,933	2,733,063
Youth-Related	2,254,379	187,865	356,713
Aged, Blind, Disabled	1,038,516	86,543	103,428
Other Aid Codes	326	27	56
County Organized Health Systems	S		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	4,059,976	338,331	444,729
Youth-Related	554,283	46,190	86,366
Aged, Blind, Disabled	1,955,468	162,956	187,963
Other Aid Codes	7,277	606	909
All Other Plan Codes			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	131,739	10,978	24,414
Youth-Related	21,074	1,756	4,211
Aged, Blind, Disabled	101,529	8,461	13,949
Other Aid Codes	68	6	18

(By Aid Code Range)

Geographic Managed Care Plans

Sharp Health Plan, San Diego	- gp		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	520,163	43,347	60,134
Youth-Related	53,748	4,479	9,135
Aged, Blind, Disabled	24,510	2,043	2,486
Other Aid Codes	0	0	0
Universal Care, San Diego			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	128,549	10,712	16,263
Youth-Related	19,126	1,594	3,463
Aged, Blind, Disabled	6,635	553	697
Other Aid Codes	0	0	0
Community Health Group, San Diego)		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	681,594	56,800	73,243
Youth-Related	59,650	4,971	9,758
Aged, Blind, Disabled	44,473	3,706	4,249
Other Aid Codes	12	1	, 1
Blue Cross of California, San Diego			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	159,653	13,304	20,764
Youth-Related	23,387	1,949	4,250
Aged, Blind, Disabled	6,214	518	679
Other Aid Codes	8	1	1
University of Cal-San Diego Health P	-	•	,
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	130,414	10,868	15,505
Youth-Related	16,535	1,378	2,816
Aged, Blind, Disabled	8,546	712	853
Other Aid Codes	15	1	2
Health Net, San Diego	10	'	2
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	89,236	7,436	11,978
Youth-Related	14,456	1,205	2,727
Aged, Blind, Disabled	3,759	313	377
Other Aid Codes	0,700	0	0
Kaiser Foundation Health Plan, San I		· ·	v
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	85,384	7,115	9,323
Youth-Related	4,685	390	760
Aged, Blind, Disabled	17,908	1,492	1,664
Other Aid Codes	0	0	0
Molina Health Care of California, Sac	-	O .	U
Aid Code Category	Member Months	Average Member Months	Unique IDe
	218,901	18,242	Unique IDs
Family Youth-Related	9,600	800	25,020
			1,737
Aged, Blind, Disabled Other Aid Codes	15,391	1,283	1,513
Other Aid Codes	0	0	0

(By Aid Code Range)

Geographic Managed Care (continued)

_	ipnic Managed C	are (continued)	
Western Health Advantage, Sacramer	nto		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	159,786	13,316	18,268
Youth-Related	6,740	562	1,128
Aged, Blind, Disabled	20,670	1,723	1,994
Other Aid Codes	0	0	0
Health Net, Sacramento			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	339,421	28,285	37,436
Youth-Related	11,683	974	2,065
Aged, Blind, Disabled	17,113	1,426	1,800
Other Aid Codes	0	0	0
Kaiser, Sacramento			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	192,639	16,053	19,931
Youth-Related	8,096	675	1,128
Aged, Blind, Disabled	38,569	3,214	3,585
Other Aid Codes	0	0	0
Blue Cross of California, Sacramento	-	-	
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	821,167	68,431	88,199
Youth-Related	36,094	3,008	5,827
Aged, Blind, Disabled	55,424	4,619	5,508
Other Aid Codes	0	0	0,000
3 11 17 11 d 3 3 4 3 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	· ·	ű	9
	Two Plan Mode	l Plans	
Alameda Alliance for Health, Alameda	1		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	764,203	63,684	81,957
Youth-Related	52,642	4,387	8,200
Aged, Blind, Disabled	65,831	5,486	6,540
Other Aid Codes	1	0	1
Blue Cross of California, Alameda	·	•	·
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	296,486	24,707	35,606
Youth-Related	23,216	1,935	3,992
Aged, Blind, Disabled	17,435	1,453	1,827
Other Aid Codes	9	1,400	1,027
Contra Costa Health Plan, Contra Cos	-	'	•
	Member Months	Average Member Months	Unique IDs
Aid Code Category Family	430,355	Average Member Months 35,863	Unique IDs 48,561
Youth-Related	26,994	2,250	
	43,358		4,815
Aged, Blind, Disabled	•	3,613	4,195
Other Aid Codes	19	2	3
Blue Cross of California, Contra Cost			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	77,032	6,419	10,844
Youth-Related		661	1 602
A seed Direct Direct Direct	7,970	664	1,602
Aged, Blind, Disabled	3,583	299	396
Aged, Blind, Disabled Other Aid Codes			

(By Aid Code Range)

Two Plan Model (continued)

Kern Family Health Care, Kern	or iair moder (e	Johnnacaj	
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	762,068	63,506	89,368
Youth-Related	42,775	3,565	9,662
Aged, Blind, Disabled	34,539	2,878	3,529
Other Aid Codes	23	2,070	5,529
Blue Cross of California, Kern	25	2	3
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	379,613	31,634	44,641
Youth-Related	17,403	1,450	3,999
Aged, Blind, Disabled	32,324	2,694	3,281
Other Aid Codes	12	2,094	3,201
LA CARE Health Plan, Los Angeles	12	ı	'
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	8,600,754	716,730	912,593
Youth-Related	867,178	72,265	132,541
Aged, Blind, Disabled	261,380	21,782	26,720
Other Aid Codes	94	8	12
Health Net, Los Angeles	5 4	9	12
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	5,538,335	461,528	605,568
Youth-Related	595,049	49,587	91,990
Aged, Blind, Disabled	170,857	14,238	17,216
Other Aid Codes	41	3	12,210
Inland Empire Health Plan, Riverside	71	3	12
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	1,066,985	88,915	126,061
Youth-Related	103,805	8,650	18,174
Aged, Blind, Disabled	48,347	4,029	4,915
Other Aid Codes	21	2	3
Molina Health Care of California, River		2	9
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	412,365	34,364	52,479
Youth-Related	50,917	4,243	9,236
Aged, Blind, Disabled	9,750	813	1,081
Other Aid Codes	0	0	0
Inland Empire Health Plan, San Berna	_	•	v
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	1,405,817	117,151	160,337
Youth-Related	85,364	7,114	15,002
Aged, Blind, Disabled	65,640	5,470	6,583
Other Aid Codes	30	3	5
Molina Health Care of California, San		9	v
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	566,370	47,198	70,819
Youth-Related	40,280	3,357	7,398
Aged, Blind, Disabled	19,656	1,638	2,040
Other Aid Codes	19,030	0	2,040
Other Aid Oodes	U	0	0

(By Aid Code Range)

Two Plan Model (continued)

San Francisco Health Plan, San Franc	isco	Johnnadaj	
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	291,734	24,311	32,821
Youth-Related	32,817	2,735	4,709
Aged, Blind, Disabled	22,823	1,902	2,212
Other Aid Codes	20	2	2
Blue Cross of California, San Francisc		_	_
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	144,533	12,044	15,776
Youth-Related	15,984	1,332	2,272
Aged, Blind, Disabled	10,726	894	1,056
Other Aid Codes	0	0	0
Health Plan of San Joaquin, San Joaq	-	·	·
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	608,354	50,696	66,141
Youth-Related	29,482	2,457	5,640
Aged, Blind, Disabled	40,773	3,398	3,955
Other Aid Codes	1	0	1
Blue Cross of California, San Joaquin		•	
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	218,002	18,167	27,346
Youth-Related	14,368	1,197	2,859
Aged, Blind, Disabled	9,419	785	1,036
Other Aid Codes	15	1	3
Santa Clara Family Health Plan, Santa	Clara		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	682,057	56,838	77,155
Youth-Related	81,048	6,754	12,139
Aged, Blind, Disabled	33,346	2,779	3,330
Other Aid Codes	12	1	1
Blue Cross of California, Santa Clara			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	269,763	22,480	29,309
Youth-Related	23,752	1,979	3,649
Aged, Blind, Disabled	13,708	1,142	1,354
Other Aid Codes	2	0	1
Blue Cross/Stanislaus Local Initiative,	Stanislaus		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	410,334	34,195	47,857
Youth-Related	25,156	2,096	4,132
Aged, Blind, Disabled	27,621	2,302	2,734
Other Aid Codes	4	0	2
Blue Cross of California LI, Tulare			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	677,542	56,462	72,970
Youth-Related	38,215	3,185	5,992
Aged, Blind, Disabled	21,372	1,781	2,237
Other Aid Codes	0	0	0

(By Aid Code Range)

Two Plan Model (continued)

Health Net, Tulare	(0	······································	
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	179,500	14,958	21,718
Youth-Related	10,948	912	1,952
Aged, Blind, Disabled	3,443	287	390
Other Aid Codes	12	1	1
Blue Cross of California, Fresno			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	1,419,545	118,295	150,673
Youth-Related	50,785	4,232	9,181
Aged, Blind, Disabled	74,114	6,176	7,064
Other Aid Codes	10	1	2
Health Net, Fresno			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	321,454	26,788	38,575
Youth-Related	18,231	1,519	3,480
Aged, Blind, Disabled	8,471	706	885
Other Aid Codes	0	0	0
County	/ Organized Healt	h Svetom Dlane	
Santa Barbara Health Initiative, Santa	•	ii Systeili Flaiis	
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	407,838	33,987	43,475
Youth-Related	41,517	3,460	6,567
Aged, Blind, Disabled	164,895	13,741	15,927
Other Aid Codes	792	66	104
Health Plan of San Mateo, San Mateo		00	104
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	265,061	22,088	30,780
Youth-Related	54,394	4,533	7,806
Aged, Blind, Disabled	236,155	19,680	23,012
Other Aid Codes	1,185	99	147
Partnership Health Plan of California			
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	348,853	29,071	39,584
Youth-Related	31,765	2,647	4,862
Aged, Blind, Disabled	172,785	14,399	17,259
Other Aid Codes	97	8	13
Partnership Health Plan of California	, Napa		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	66,490	5,541	8,238
Youth-Related	9,579	798	1,714
Aged, Blind, Disabled	41,259	3,438	4,309
Other Aid Codes	103	9	40
Partnership Health Plan of California	, Yolo		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	183,232	15,269	21,088
Youth-Related	17,032	1,419	2,676
Aged, Blind, Disabled	79,075	6,590	7,878
Other Aid Codes	223	19	28

(By Aid Code Range)

County Organized Health Systems (continued)

CalOPTIMA, Orange

Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	2,112,586	176,049	226,300
Youth-Related	323,912	26,993	49,198
Aged, Blind, Disabled	1,010,901	84,242	95,911
Other Aid Codes	3,964	330	448
Central Coast Alliance for Health,	Santa Cruz		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	200,190	16,683	22,005
Youth-Related	23,917	1,993	3,751
Aged, Blind, Disabled	95,842	7,987	9,469
Other Aid Codes	490	41	64
Central Coast Alliance for Health,	Monterey		
Aid Code Category	Member Months	Average Member Months	Unique IDs
Family	475,726	39,644	54,688
Youth-Related	52,167	4,347	9,937
Aged, Blind, Disabled	154,556	12,880	14,980
Other Aid Codes	423	35	67

Overall Totals

All Medi-Cal	Overall rec	uio	
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	18,522,713	1,543,559	1,915,335
Hispanic	40,935,629	3,411,302	4,277,014
Black	8,726,715	727,226	858,449
Asian & Pacific Islander	8,696,127	724,677	969,161
Native American/Alaskan	354,938	29,578	40,000
Other	825,444	68,787	85,830
Missing/Invalid	2,711,482	225,957	409,995
Medi-Cal Fee-For-Service Program	_, ,	,	,
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	11,214,902	934,575	1,329,760
Hispanic	19,359,184	1,613,265	2,637,393
Black	3,287,041	273,920	436,506
Asian & Pacific Islander	4,152,031	346,003	578,479
Native American/Alaskan	250,618	20,885	30,740
Other	638,532	53,211	66,793
Missing/Invalid	2,172,950	181,079	350,668
Medi-Cal Managed Care (selected p			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	7,179,798	598,317	828,827
Hispanic	21,509,175	1,792,431	2,375,317
Black	5,420,223	451,685	586,870
Asian & Pacific Islander	4,525,091	377,091	486,890
Native American/Alaskan	99,982	8,332	13,021
Other	183,264	15,272	22,230
Missing/Invalid	525,847	43,821	67,350
Geographic Managed Care			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	1,216,250	101,354	139,696
Hispanic	1,435,399	119,617	169,395
Black	710,981	59,248	78,265
Asian & Pacific Islander	620,037	51,670	65,479
Native American/Alaskan	14,220	1,185	1,820
Other	7,032	586	1,015
Missing/Invalid	46,035	3,836	5,712
Two Plan Model			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	4,274,527	356,211	503,694
Hispanic	16,988,500	1,415,708	1,862,825
Black	4,335,272	361,273	466,846
Asian & Pacific Islander	2,810,369	234,197	302,698
Native American/Alaskan	70,848	5,904	9,381
Other	91,053	7,588	12,906
Missing/Invalid	245,853	20,488	35,347
County Organized Health Systems			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	1,689,021	140,752	185,437
Hispanic	3,085,276	257,106	343,097
Black	373,970	31,164	41,759
Asian & Pacific Islander	1,094,685	91,224	121,226
Native American/Alaskan	14,914	1,243	1,820
Other	85,179	7,098	8,309
Missing/Invalid	233,959	19,497	26,463

Overall Totals (continued)

All Other Plan Codes	`	,	
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	128,013	10,668	22,016
Hispanic	67,270	5,606	12,366
Black	19,451	1,621	2,752
Asian & Pacific Islander	19,005	1,584	3,289
Native American/Alaskan	4,338	362	811
Other	3,648	304	433
Missing/Invalid	12,685	1,057	1,835
Geogr	aphic Manage	ed Care Plans	
Sharp Health Plan, San Diego			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	166,460	13,872	19,912
Hispanic	287,319	23,943	33,837
Black	80,147	6,679	9,206
Asian & Pacific Islander	56,570	4,714	6,754
Native American/Alaskan	1,469	122	206
Other	495	41	118
Missing/Invalid	5,961	497	821
Universal Care, San Diego			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	40,233	3,353	5,246
Hispanic	82,930	6,911	10,785
Black	20,804	1,734	2,552
Asian & Pacific Islander	8,414	701	1,192
Native American/Alaskan	433	36	72
Other	156	13	29
Missing/Invalid	1,340	112	196
Community Health Group, San Dieg	0		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	106,809	8,901	11,829
Hispanic	470,482	39,207	52,070
Black	90,485	7,540	9,558
Asian & Pacific Islander	107,622	8,969	11,631
Native American/Alaskan	1,020	85	129
Other	1,592	133	219
Missing/Invalid	7,719	643	959
Blue Cross of California, San Diego			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	61,491	5,124	8,196
Hispanic	84,103	7,009	11,336
Black	28,764	2,397	3,618
Asian & Pacific Islander	12,703	1,059	1,787
Native American/Alaskan	471	39	89
Other	126	11	58
Missing/Invalid	1,604	134	255

Geographic Managed Care Plans (continued)

University of Cal-San Diego Health	-	Tiuno (continuou)	
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	35,140	2,928	4,390
Hispanic	79,274	6,606	9,608
Black	28,541	2,378	3,223
Asian & Pacific Islander	10,315	860	1,339
Native American/Alaskan	321	27	54
Other	146	12	23
Missing/Invalid	1,773	148	225
Health Net, San Diego	,		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	29,694	2,475	4,102
Hispanic	51,809	4,317	7,279
Black	16,008	1,334	2,097
Asian & Pacific Islander	8,802	734	1,213
Native American/Alaskan	340	28	50
Other	51	4	30
Missing/Invalid	747	62	117
Kaiser Foundation Health Plan, Sar			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	43,092	3,591	4,609
Hispanic	30,363	2,530	3,440
Black	23,421	1,952	2,486
Asian & Pacific Islander	7,619	635	907
Native American/Alaskan	409	34	42
Other	560	47	57
Missing/Invalid	2,513	209	292
Molina Health Care of California, Sa			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	63,404	5,284	7,873
Hispanic	54,030	4,503	6,605
Black	64,692	5,391	7,230
Asian & Pacific Islander	57,207	4,767	6,097
Native American/Alaskan	1,546	129	182
Other	417	35	54
Missing/Invalid	2,596	216	324
Western Health Advantage, Sacram	nento		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	77,635	6,470	8,840
Hispanic	32,926	2,744	4,059
Black	50,244	4,187	5,487
Asian & Pacific Islander	22,004	1,834	2,631
Native American/Alaskan	761	63	100
Other	446	37	47
Missing/Invalid	3,180	265	372
Health Net, Sacramento			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	87,603	7,300	10,728
Hispanic	61,080	5,090	7,508
Black	65,140	5,428	7,449
Asian & Pacific Islander	149,220	12,435	14,949
Native American/Alaskan	1,305	109	164
Other	1,027	86	117
Missing/Invalid	2,842	237	381

Geographic Managed Care Plans (continued)

<u> </u>	nic Managed Care	Piaris (Continued)	
Kaiser, Sacramento			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	96,470	8,039	9,994
Hispanic	31,392	2,616	3,507
Black	81,261	6,772	8,120
Asian & Pacific Islander	22,465	1,872	2,511
Native American/Alaskan	1,350	113	148
	727	61	
Other			78
Missing/Invalid	5,639	470	604
Blue Cross of California, Sacrar			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	408,219	34,018	43,977
Hispanic	169,691	14,141	19,361
Black	161,474	13,456	17,239
Asian & Pacific Islander	157,096	13,091	16,966
Native American/Alaskan	4,795	400	584
Other	1,289	107	185
Missing/Invalid	10,121	843	1,241
wicomig/mvalia	10,121	0.10	1,211
	Two Plan Mode	l Plans	
Alameda Alliance for Health, Ala			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	121,290	10,108	13,684
Hispanic	209,349	17,446	24,410
•			
Black	308,608	25,717	32,465
Asian & Pacific Islander	228,052	19,004	23,731
Native American/Alaskan	2,265	189	280
Other	1,749	146	221
Missing/Invalid	11,364	947	1,361
Blue Cross of California, Alame	da		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	61,612	5,134	7,490
Hispanic	79,952	6,663	10,392
Black	138,203	11,517	15,967
Asian & Pacific Islander	52,630	4,386	6,676
Native American/Alaskan	1,180	98	147
Other	327	27	59
Missing/Invalid	3,242	270	447
Contra Costa Health Plan, Contr			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	133,974	11,165	15,400
Hispanic	157,478	13,123	18,301
Black	146,432	12,203	15,833
Asian & Pacific Islander	52,682	4,390	6,048
Native American/Alaskan	1,318	110	175
Other	739	62	107
Missing/Invalid	8,103	675	997
imosing/invalid	0,100	373	557

Blue Cross of California, Contra Cos	sta	o (oontinaoa)	
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	22,064	1,839	3,208
Hispanic	24,894	2,075	3,795
Black	30,195	2,516	4,025
Asian & Pacific Islander	10,202	850	1,430
Native American/Alaskan	113	9	21
Other	32	3	7
Missing/Invalid	1,085	90	158
Kern Family Health Care, Kern			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	182,120	15,177	22,315
Hispanic	546,231	45,519	62,678
Black	82,634	6,886	9,169
Asian & Pacific Islander	19,593	1,633	2,852
Native American/Alaskan	3,254	271	413
Other	388	32	80
Missing/Invalid	5,185	432	863
Blue Cross of California, Kern			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	141,563	11,797	16,775
Hispanic	215,361	17,947	25,083
Black	51,852	4,321	5,626
Asian & Pacific Islander	14,070	1,173	1,937
Native American/Alaskan	1,809	151	214
Other	351	29	48
Missing/Invalid	4,346	362	608
LA CARE Health Plan, Los Angeles			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	1,132,473	94,373	124,338
Hispanic	6,333,171	527,764	661,171
Black	1,482,313	123,526	153,152
Asian & Pacific Islander	640,837	53,403	71,117
Native American/Alaskan	14,331	1,194	1,952
Other	49,377	4,115	6,792
Missing/Invalid	76,904	6,409	11,536
Health Net, Los Angeles			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	541,172	45,098	64,442
Hispanic	4,166,223	347,185	448,227
Black	1,003,583	83,632	106,289
Asian & Pacific Islander	504,770	42,064	56,067
Native American/Alaskan	10,678	890	1,467
Other	25,971	2,164	3,817
Missing/Invalid	51,885	4,324	8,015
Inland Empire Health Plan, Riverside			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	339,883	28,324	41,755
Hispanic	684,962	57,080	81,883
Black	136,519	11,377	15,989
Asian & Pacific Islander	39,468	3,289	5,084
Native American/Alaskan	5,365	447	737
Other	1,153	96	234
Missing/Invalid	11,808	984	1,799

Molina Health Care of Californi	a, Riverside	o (oontinaca)	
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	101,350	8,446	13,763
Hispanic	303,412	25,284	38,930
Black	47,468	3,956	6,088
Asian & Pacific Islander	15,788	1,316	2,094
Native American/Alaskan	2,055	171	308
Other	304	25	76
Missing/Invalid	2,655	221	513
Inland Empire Health Plan, San	Bernardino		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	379,747	31,646	44,437
Hispanic	814,332	67,861	94,781
Black	265,711	22,143	29,805
Asian & Pacific Islander	73,310	6,109	8,747
Native American/Alaskan	6,922	577	894
Other	1,254	105	227
Missing/Invalid	15,575	1,298	2,188
Molina Health Care of Californi	a, San Bernardino		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	114,952	9,579	15,369
Hispanic	361,449	30,121	45,593
Black	120,362	10,030	14,582
Asian & Pacific Islander	22,409	1,867	3,024
Native American/Alaskan	2,445	204	343
Other	286	24	70
Missing/Invalid	4,403	367	752
San Francisco Health Plan, Sai	n Francisco		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	27,312	2,276	3,422
Hispanic	91,221	7,602	10,441
Black	90,657	7,555	9,845
Asian & Pacific Islander	132,512	11,043	14,815
Native American/Alaskan	663	55	78
Other	1,185	99	126
Missing/Invalid	3,844	320	467
Blue Cross of California, San F	rancisco		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	27,365	2,280	3,212
Hispanic	26,381	2,198	2,953
Black	40,348	3,362	4,403
Asian & Pacific Islander	74,406	6,201	7,916
Native American/Alaskan	274	23	37
Other	565	47	64
Missing/Invalid	1,904	159	220
Health Plan of San Joaquin, Sa	-		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	141,236	11,770	16,301
Hispanic	268,307	22,359	29,891
Black	86,302	7,192	9,222
Asian & Pacific Islander	170,524	14,210	17,228
Native American/Alaskan	3,452	288	409
Other	1,346	112	162
Missing/Invalid	7,443	620	1,029

Blue Cross of California, San Joaq	uin	- (
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	69,936	5,828	9,049
Hispanic	100,483	8,374	12,564
Black	40,342	3,362	4,956
Asian & Pacific Islander	27,473	2,289	3,507
Native American/Alaskan	1,288	107	190
Other	116	10	25
Missing/Invalid	2,166	181	354
Santa Clara Family Health Plan, Sa			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	104,235	8,686	12,644
Hispanic	450,755	37,563	51,156
Black	47,070	3,923	5,495
Asian & Pacific Islander	184,016	15,335	20,683
Native American/Alaskan	3,020	252	364
Other	1,014	85	142
Missing/Invalid	6,353	529	868
Blue Cross of California, Santa Cla		A Manaka Manaka	Helma IDIa
Ethnic Group	Member Months	Average Member Months	Unique ID's 3,812
White	30,264	2,522 7,933	•
Hispanic	95,197	· · · · · · · · · · · · · · · · · · ·	11,241
Black	9,578	798	1,195
Asian & Pacific Islander Native American/Alaskan	168,368 819	14,031	17,305
	432	68 36	98 55
Other Missing/Invalid	2,567	214	310
Blue Cross/Stanislaus Local Initiat		214	310
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	178,349	14,862	21,483
Hispanic	217,211	18,101	25,801
Black	20,799	1,733	2,509
Asian & Pacific Islander	40,054	3,338	4,375
Native American/Alaskan	1,179	98	174
Other	480	40	82
Missing/Invalid	5,043	420	647
Blue Cross of California LI, Tulare	2,010		•
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	140,318	11,693	16,179
Hispanic	536,587	44,716	57,910
Black	16,953	1,413	1,841
Asian & Pacific Islander	35,852	2,988	3,986
Native American/Alaskan	2,344	195	284
Other	415	35	84
Missing/Invalid	4,660	388	636
Health Net, Tulare			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	36,414	3,035	4,796
Hispanic	144,184	12,015	17,430
Black	4,350	363	555
Asian & Pacific Islander	7,348	612	890
Native American/Alaskan	716	60	122
Other	62	5	17
Missing/Invalid	829	69	131

(By Ethnicity)

IW	o Pian Model Pians	s (continuea)	
Blue Cross of California, Fresn	0		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	198,940	16,578	23,493
Hispanic	915,918	76,327	98,812
Black	135,228	11,269	14,235
Asian & Pacific Islander	274,589	22,882	27,595
		337	510
Native American/Alaskan	4,041		
Other	3,287	274	372
Missing/Invalid	12,451	1,038	1,561
Health Net, Fresno			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	47,958	3,997	6,327
Hispanic	245,442	20,454	29,382
Black	29,765	2,480	3,600
Asian & Pacific Islander	21,416	1,785	2,815
Native American/Alaskan	1,317	110	164
Other	220	18	39
Missing/Invalid	2,038	170	293
Missing/invalid	2,030	170	293
Coun	ty Organized Healt	h System Plans	
	•	ii Oysteili i lalis	
Santa Barbara Health Initiative,		Avenue as Manakan Manaka	Haiawa IDIa
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	168,439	14,037	18,131
Hispanic	372,514	31,043	40,100
Black	21,558	1,797	2,313
Asian & Pacific Islander	25,480	2,123	4,116
Native American/Alaskan	2,612	218	285
Other	3,934	328	377
Missing/Invalid	20,505	1,709	2,165
Health Plan of San Mateo, San		,	,
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	133,832	11,153	14,639
Hispanic	207,677	17,306	23,666
Black	55,818	4,652	6,210
Asian & Pacific Islander	119,927		
	,	9,994	14,120
Native American/Alaskan	899	75	111
Other	13,064	1,089	1,269
Missing/Invalid	25,578	2,132	2,942
Partnership Health Plan of Calif	fornia, Solano		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	162,883	13,574	18,433
Hispanic	117,638	9,803	14,128
Black	166,833	13,903	18,082
Asian & Pacific Islander	76,885	6,407	9,103
Native American/Alaskan	2,371	198	285
Other	6,458	538	658
Missing/Invalid	20,432	1,703	2,380

(By Ethnicity)

County Organized Health System Plans (continued)

	•	tem Plans (Continued)
Partnership Health Plan of Calif			
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	56,637	4,720	6,436
Hispanic	48,016	4,001	5,874
Black	2,733	228	354
Asian & Pacific Islander	4,391	366	710
Native American/Alaskan	557	46	82
Other	677	56	75
Missing/Invalid	4,420	368	543
Partnership Health Plan of Calif	ornia, Yolo		
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	119,848	9,987	13,269
Hispanic	104,166	8,681	12,194
Black	12,817	1,068	1,593
Asian & Pacific Islander	27,017	2,251	3,349
Native American/Alaskan	2,132	178	270
Other	1,854	155	186
Missing/Invalid	11,728	977	1,324
CalOPTIMA, Orange	, -		,-
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	814,290	67,858	88,655
Hispanic	1,588,957	132,413	174,413
Black	83,669	6,972	9,751
Asian & Pacific Islander	790,145	65,845	82,307
Native American/Alaskan	4,156	346	513
Other	51,906	4,326	4,997
Missing/Invalid	118,240	9,853	13,332
Central Coast Alliance for Healt		0,000	10,002
Ethnic Group	Member Months	Average Member Months	Unique ID's
White	116,360	9,697	12,602
Hispanic	172,982	14,415	18,912
Black	5,348	446	627
Asian & Pacific Islander	10,177	848	1,730
Native American/Alaskan	928	77	109
Other	2,036	170	205
Missing/Invalid	12,608	1,051	1,410
<u> </u>		1,051	1,410
Central Coast Alliance for Healt Ethnic Group	Member Months	Average Member Months	Unique ID's
White	116,732	9,728	13,272
	473,326	39,444	53,810
Hispanic Black			
	25,194	2,100	2,829
Asian & Pacific Islander	40,663	3,389	6,043
Native American/Alaskan	1,259	105	165
Other	5,250	438	542
Missing/Invalid	20,448	1,704	2,478

	All IP	Routine Obstetrics	Other Med/Surg
Medi-Cal Program Rate	9.17	1.99	7.17
Medi-Cal Fee for Service Program	12.77	3.01	9.75
Medi-Cal Managed Care (selected plans)	5.06	0.93	4.13
Geographic Managed Care Rate	5.67	1.30	4.37
Sharp Health Plan, San Diego	6.41	2.02	4.39
Universal Care, San Diego	5.57	1.13	4.44
Community Health Group, San Diego	5.04	0.95	4.09
Blue Cross of California, San Diego	6.13	1.43	4.70
University of Cal-San Diego Health Plan	6.63	1.10	5.53
Health Net, San Diego	6.51	1.14	5.38
Kaiser Foundation Health Plan, San Diego	8.68	0.11	8.57
Molina Health Care of California, Sacramento	3.77	1.23	2.53
Western Health Advantage, Sacramento	5.69	0.64	5.05
Health Net, Sacramento	4.47	1.43	3.04
Kaiser, Sacramento	7.29	0.13	7.16
Blue Cross of California, Sacramento	5.59	1.72	3.87
Two Plan Model Rate	4.46	0.89	3.57
Alameda Alliance for Health, Alameda	4.45	0.40	4.05
Blue Cross of California, Alameda	6.61	1.26	5.35
Contra Costa Health Plan, Contra Costa	7.43	0.77	6.65
Blue Cross of California, Contra Costa	5.99	1.32	4.67
Kern Family Health Care, Kern	5.99	1.93	4.06
Blue Cross of California, Kern	7.93	1.74	6.19
LA CARE Health Plan, Los Angeles	3.81	0.58	3.23
Health Net, Los Angeles	2.35	0.41	1.94
Inland Empire Health Plan, Riverside	6.73	1.46	5.27
Molina Health Care of California, Riverside	4.98	1.29	3.70
Inland Empire Health Plan, San Bernardino	6.96	1.30	5.66
Molina Health Care of California, San Bernardino	5.78	1.29	4.49
San Francisco Health Plan, San Francisco	3.64	0.58	3.05
Blue Cross of California, San Francisco	4.91	1.17	3.73
Health Plan of San Joaquin, San Joaquin	5.78	1.99	3.80
Blue Cross of California, San Joaquin	6.54	1.91	4.64
Santa Clara Family Health Plan, Santa Clara	5.42	1.31	4.10
Blue Cross of California, Santa Clara	4.51	0.73	3.78
Blue Cross/Stanislaus Local Initiative, Stanislaus	6.66	1.47	5.19
Blue Cross of California LI, Tulare	5.61	1.50	4.10
Health Net, Tulare	5.37	0.88	4.49
Blue Cross of California, Fresno	5.96	1.63	4.33
Health Net, Fresno	5.89	1.60	4.29
County Organized Health Systems Rate	7.29	0.87	6.42
Santa Barbara Health Initiative, Santa Barbara	5.77	0.41	5.36
Health Plan of San Mateo, San Mateo	5.17	0.66	4.51
Partnership Health Plan of California, Solano	8.26	1.08	7.18
Partnership Health Plan of California, Napa	8.67	1.59	7.08
Partnership Health Plan of California, Yolo	6.23	0.92	5.30
CalOPTIMA, Orange	6.69	0.79	5.90
Central Coast Alliance for Health, Santa Cruz	11.73	1.10	10.64
Central Coast Alliance for Health, Monterey	10.70	1.44	9.27
Rate for All Other Plan Codes	6.91	0.97	5.94

(By Age Group)

Overall Totals

All Medi-Cal	0.0.0		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	21.19	0.01	21.18
1 to < 10	2.07	0.00	2.07
10 to < 20	4.72	1.57	3.15
20 to < 45	15.41	6.17	9.24
45 to < 65	16.08	0.02	16.06
65 to < 75	6.45	0.00	6.45
75 to < 85	7.63	0.00	7.63
85+	9.46	0.00	9.46
Medi-Cal Fee-For-Service Pro	ogram		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	33.90	0.02	33.88
1 to < 10	2.70	0.00	2.70
10 to < 20	7.45	2.86	4.59
20 to < 45	19.21	8.20	11.01
45 to < 65	19.58	0.02	19.56
65 to < 75	6.42	0.00	6.42
75 to < 85	7.73	0.00	7.73
85+	9.81	0.00	9.81
Medi-Cal Managed Care (sele	- ,		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	11.18	0.01	11.18
1 to < 10	1.80	0.00	1.80
10 to < 20	2.95	0.73	2.23
20 to < 45	10.00	3.28	6.72
45 to < 65	9.35	0.01	9.34
65 to < 75	6.76	0.00	6.76
75 to < 85	7.06	0.00	7.06
85+	7.42	0.00	7.42
Geographic Managed Care	AH 10 A 1 11	D (O) () (011 14 1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	10.08	0.03	10.05
1 to < 10	1.81	0.00	1.81
10 to < 20	3.47	0.88	2.59
20 to < 45	11.77	4.36	7.40
45 to < 65	9.98	0.03	9.95
65 to < 75	11.27	0.00	11.27
75 to < 85	16.24	0.00	16.24
85+	24.96	0.00	24.96
Two Plan Model Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	10.79	0.00	10.79
1 to < 10	1.72	0.00	1.72
10 to < 20	2.74	0.68	2.06
20 to < 45	9.07	3.06	6.01
45 to < 65	7.29	0.01	7.28
65 to < 75	10.79	0.00	10.79
75 to < 85	13.34	0.00	13.34
85+	20.79	0.00	20.79
00.	20.10	0.00	20.19

(By Age Group)

Overall Totals (continued)

County Organized Health Syst	tems	,ontinuea _j	
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	12.80	0.01	12.79
1 to < 10	2.26	0.00	2.26
10 to < 20	3.82	0.88	2.94
20 to < 45	13.44	3.61	9.84
45 to < 65	14.35	0.01	14.34
65 to < 75	5.73	0.00	5.73
75 to < 85	6.12	0.00	6.12
85+	6.29	0.00	6.29
All other Plan Codes	5.25		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	9.27	0.00	9.27
1 to < 10	1.85	0.00	1.85
10 to < 20	2.71	0.75	1.96
20 to < 45	14.00	3.94	10.05
45 to < 65	15.06	0.00	15.06
65 to < 75	4.42	0.00	4.42
75 to < 85	5.15	0.00	5.15
85+	2.94	0.00	2.94
		3.33	
G	eographic Manage	ed Care Plans	
Sharp Health Plan, San Diego			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	10.86	0.09	10.77
1 to < 10	1.44	0.00	1.44
10 to < 20	4.07	1.24	2.83
20 to < 45	14.94	7.20	7.74
45 to < 65	11.71	0.03	11.67
65 to < 75	9.69	0.00	9.69
75 to < 85	32.37	0.00	32.37
85+	54.55	0.00	54.55
Universal Care, San Diego			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.16	0.00	8.16
1 to < 10	1.73	0.00	1.73
10 to < 20	3.49	0.78	2.70
20 to < 45	12.87	4.71	8.16
45 to < 65	14.92	0.00	14.92
65 to < 75	11.59	0.00	11.59
75 to < 85	11.20	0.00	11.20
85+	14.49	0.00	14.49
Community Health Group, Sar	•		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.84	0.03	8.81
1 to < 10	1.99	0.00	1.99
10 to < 20	3.16	0.84	2.33
20 to < 45	11.62	3.84	7.78
45 to < 65	8.94	0.02	8.92
65 to < 75	10.85	0.00	10.85
75 to < 85	14.59	0.00	14.59
85+	25.25	0.00	25.25

(By Age Group)

Geographic Managed Care Plans (continued)

	grapilic Maliageu Cal	e Flans (continueu)	
Blue Cross of California, S		Davida a Obatatria	O41 M1/0
Age Range in Years 0 to < 1	All IP Admits	Routine Obstetrics	Other Med/Surg
	11.96	0.00	11.96
1 to < 10	2.10	0.00	2.10
10 to < 20	4.04	1.10	2.94
20 to < 45	12.96	4.97	7.99
45 to < 65	8.14	0.00	8.14
65 to < 75	5.05	0.00	5.05
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
University of Cal-San Dieg			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.78	0.00	7.78
1 to < 10	2.29	0.02	2.27
10 to < 20	4.14	0.98	3.16
20 to < 45	14.14	3.69	10.45
45 to < 65	14.33	0.00	14.33
65 to < 75	4.08	0.00	4.08
75 to < 85	9.09	0.00	9.09
85+	0.00	0.00	0.00
Health Net, San Diego			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	5.81	0.13	5.68
1 to < 10	2.32	0.00	2.32
10 to < 20	4.81	0.92	3.89
20 to < 45	14.81	3.94	10.86
45 to < 65	10.29	0.00	10.29
65 to < 75	19.18	0.00	19.18
75 to < 85	20.51	0.00	20.51
85+	0.00	0.00	0.00
Kaiser Foundation Health	Plan, San Diego		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	11.90	0.00	11.90
1 to < 10	1.50	0.00	1.50
10 to < 20	4.76	0.03	4.73
20 to < 45	14.45	0.37	14.08
45 to < 65	19.71	0.00	19.71
65 to < 75	20.57	0.00	20.57
75 to < 85	26.58	0.00	26.58
85+	34.21	0.00	34.21
Molina Health Care of Cali			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.83	0.00	8.83
1 to < 10	1.23	0.00	1.23
10 to < 20	2.58	0.87	1.71
20 to < 45	7.74	3.95	3.79
45 to < 65	5.48	0.00	5.48
65 to < 75	6.46	0.00	6.46
75 to < 85	8.98	0.00	8.98
85+	0.00	0.00	0.00
00.	3.00	0.00	0.00

(By Age Group)

Geographic Managed Care Plans (continued)

	grapnic Managed Car	e Plans (continued)	
Western Health Advantag			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.18	0.00	8.18
1 to < 10	1.73	0.00	1.73
10 to < 20	3.60	0.42	3.18
20 to < 45	9.70	1.88	7.83
45 to < 65	13.09	0.07	13.02
65 to < 75	10.73	0.00	10.73
75 to < 85	14.36	0.00	14.36
85+	27.78	0.00	27.78
Health Net, Sacramento	27.73	0.00	21.10
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.80	0.00	7.80
1 to < 10	1.56	0.00	1.56
10 to < 20	2.62	0.95	1.67
20 to < 45	10.05	4.57	5.49
45 to < 65	5.07	0.08	5.00
65 to < 75	7.64	0.00	7.64
75 to < 85	9.84	0.00	9.84
85+	58.82	0.00	58.82
Kaiser, Sacramento			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.79	0.00	7.79
1 to < 10	2.15	0.01	2.14
10 to < 20	3.79	0.04	3.74
20 to < 45	12.61	0.41	12.20
45 to < 65	17.48	0.00	17.48
65 to < 75	15.05	0.00	15.05
75 to < 85	18.11	0.00	18.11
85+	20.11	0.00	20.11
Blue Cross of California,	Sacramento		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	13.56	0.00	13.56
1 to < 10	1.91	0.00	1.91
10 to < 20	3.45	1.03	2.41
20 to < 45	10.55	5.12	5.43
45 to < 65	7.76	0.07	7.69
65 to < 75	6.38	0.00	6.38
75 to < 85	7.71	0.00	7.71
85+	18.69	0.00	18.69
651	10.09	0.00	10.09
	Two Plan Mod	el Plans	
Alameda Alliance for Heal			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	21.52	0.00	21.52
1 to < 10	1.78	0.00	1.78
10 to < 20	2.53	0.27	2.26
20 to < 45	6.17	1.31	4.86
	7.10	0.01	7.09
45 to < 65			
65 to < 75	9.53	0.00	9.53
75 to < 85	11.83	0.00	11.83
85+	21.92	0.00	21.92

(By Age Group)

Two Plan Model Plans (continued)				
Blue Cross of California,	Alameda			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	17.33	0.06	17.26	
1 to < 10	2.72	0.00	2.72	
10 to < 20	3.95	0.80	3.14	
20 to < 45	11.51	4.02	7.49	
45 to < 65	10.74	0.00	10.74	
65 to < 75	9.13	0.00	9.13	
75 to < 85	12.35	0.00	12.35	
85+	0.00	0.00	0.00	
		0.00	0.00	
Contra Costa Health Plan		Davitina Obatatriaa	Other Mad (Com	
Age Range in Years 0 to < 1	All IP Admits 25.20	Routine Obstetrics	Other Med/Surg	
		0.00	25.20	
1 to < 10	2.00	0.00	2.00	
10 to < 20	3.46	0.60	2.86	
20 to < 45	12.94	2.55	10.39	
45 to < 65	14.79	0.00	14.79	
65 to < 75	18.62	0.00	18.62	
75 to < 85	37.00	0.00	37.00	
85+	34.94	0.00	34.94	
Blue Cross of California,	Contra Costa			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	14.41	0.00	14.41	
1 to < 10	2.95	0.00	2.95	
10 to < 20	2.71	0.54	2.17	
20 to < 45	11.73	5.28	6.45	
45 to < 65	11.96	0.00	11.96	
65 to < 75	5.99	0.00	5.99	
75 to < 85	0.00	0.00	0.00	
85+	0.00	0.00	0.00	
Kern Family Health Care,		0.00	0.00	
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	14.03	0.00	14.03	
1 to < 10	1.59	0.02	1.58	
10 to < 20	3.62	1.56	2.06	
20 to < 45	13.30	6.16	7.15	
45 to < 65	9.35	0.00	9.35	
65 to < 75	14.24	0.00	14.24	
75 to < 85	13.38	0.00	13.38	
85+	0.00	0.00	0.00	
Blue Cross of California,	Kern			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	16.25	0.00	16.25	
1 to < 10	2.25	0.00	2.25	
10 to < 20	4.27	1.58	2.69	
20 to < 45	15.24	4.83	10.41	
45 to < 65	17.80	0.00	17.80	
65 to < 75	14.74	0.00	14.74	
75 to < 85	8.65	0.00	8.65	
85+	13.70	0.00	13.70	
= =				

(By Age Group)

i wo Pian Model Pians (continued)				
LA CARE Health Plan, Lo	s Angeles			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	7.79	0.00	7.79	
1 to < 10	1.67	0.00	1.67	
10 to < 20	2.34	0.39	1.96	
20 to < 45	7.89	2.13	5.76	
45 to < 65	6.33	0.01	6.32	
65 to < 75	10.19	0.00	10.19	
75 to < 85	12.43	0.00	12.43	
85+	21.74	0.00	21.74	
Health Net, Los Angeles		3.33		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	5.75	0.00	5.75	
1 to < 10	0.91	0.00	0.91	
10 to < 20	1.74	0.30	1.44	
20 to < 45	4.75	1.46	3.29	
45 to < 65	3.51	0.00	3.51	
65 to < 75	5.81	0.00	5.81	
75 to < 85	5.84	0.00	5.84	
75 to < 65 85+	10.43	0.00	10.43	
		0.00	10.43	
Inland Empire Health Pla	All IP Admits	Douting Obstatrics	Other Med/Cura	
Age Range in Years 0 to < 1	10.58	Routine Obstetrics 0.02	Other Med/Surg 10.56	
1 to < 10	2.46	0.00	2.46	
10 to < 20	4.07	1.13	2.94	
20 to < 45	14.56	5.15	9.41	
45 to < 65	14.36	0.00	14.36	
65 to < 75	23.86	0.00	23.86	
75 to < 85	23.49	0.00	23.49	
85+	60.09	0.00	60.09	
Molina Health Care of Ca	•			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	8.30	0.00	8.30	
1 to < 10	1.63	0.00	1.63	
10 to < 20	3.84	1.07	2.77	
20 to < 45	11.16	4.80	6.36	
45 to < 65	9.11	0.00	9.11	
65 to < 75	5.75	0.00	5.75	
75 to < 85	15.75	0.00	15.75	
85+	25.64	0.00	25.64	
Inland Empire Health Pla	n, San Bernardino			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	12.34	0.00	12.34	
1 to < 10	2.82	0.00	2.82	
10 to < 20	4.37	0.95	3.43	
20 to < 45	14.21	4.43	9.78	
45 to < 65	13.01	0.01	13.00	
65 to < 75	23.05	0.00	23.05	
75 to < 85	22.80	0.00	22.80	
85+	56.53	0.00	56.53	
55 ·	00.00	0.00	33.30	

(By Age Group)

I wo Pian Model Pians (continued)			
Molina Health Care of Califo	•		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	12.49	0.00	12.49
1 to < 10	2.21	0.00	2.21
10 to < 20	3.79	1.03	2.76
20 to < 45	12.14	4.47	7.67
45 to < 65	10.54	0.00	10.54
65 to < 75	17.54	0.00	17.54
75 to < 85	4.40	0.00	4.40
85+	31.75	0.00	31.75
San Francisco Health Plan,	San Francisco		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	5.87	0.00	5.87
1 to < 10	1.71	0.00	1.71
10 to < 20	1.85	0.37	1.48
20 to < 45	6.96	1.96	5.01
45 to < 65	4.53	0.03	4.50
65 to < 75	7.05	0.00	7.05
75 to < 85	4.20	0.00	4.20
85+	7.69	0.00	7.69
Blue Cross of California, Sa		0.00	1.00
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	14.46	0.00	14.46
1 to < 10	1.93	0.00	1.93
10 to < 20	2.45	0.64	1.82
20 to < 45	8.74	3.80	4.94
45 to < 65	6.98	0.00	6.98
65 to < 75	6.69	0.00	6.69
75 to < 85	3.54	0.00	3.54
85+	4.88	0.00	4.88
Health Plan of San Joaquin	·	Deutine Obetetries	Otto M 1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	20.29	0.00	20.29
1 to < 10	2.61	0.00	2.61
10 to < 20	3.01	1.55	1.46
20 to < 45	10.74	6.23	4.51
45 to < 65	8.01	0.12	7.88
65 to < 75	10.77	0.00	10.77
75 to < 85	12.63	0.00	12.63
85+	22.22	0.00	22.22
Blue Cross of California, Sa			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	20.71	0.00	20.71
1 to < 10	2.41	0.00	2.41
10 to < 20	3.63	1.53	2.10
20 to < 45	12.10	5.74	6.36
45 to < 65	11.46	0.00	11.46
65 to < 75	4.72	0.00	4.72
75 to < 85	21.74	0.00	21.74
85+	0.00	0.00	0.00

(By Age Group)

Two Plan Model Plans (continued)				
Santa Clara Family Heal	ith Plan, Santa Clara			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	7.81	0.00	7.81	
1 to < 10	1.83	0.00	1.83	
10 to < 20	3.14	0.92	2.23	
20 to < 45	11.93	4.90	7.03	
45 to < 65	8.58	0.02	8.57	
65 to < 75	11.41	0.00	11.41	
75 to < 85	15.39	0.00	15.39	
85+	22.19	0.00	22.19	
Blue Cross of California		0.00	22.19	
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	11.85	0.00	11.85	
1 to < 10	1.99	0.00	1.99	
10 to < 20	2.09	0.30	1.80	
20 to < 45	8.63	2.75	5.87	
45 to < 65	5.78	0.05	5.73	
65 to < 75	10.38	0.00	10.38	
75 to < 85	19.66	0.00	19.66	
85+	23.26	0.00	23.26	
Blue Cross/Stanislaus L		us		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	17.27	0.00	17.27	
1 to < 10	2.45	0.00	2.45	
10 to < 20	4.19	1.35	2.85	
20 to < 45	12.51	4.34	8.17	
45 to < 65	11.29	0.00	11.29	
65 to < 75	6.98	0.00	6.98	
75 to < 85	8.23	0.00	8.23	
85+	0.00	0.00	0.00	
Blue Cross of California				
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	14.66	0.00	14.66	
1 to < 10	1.97	0.00	1.97	
10 to < 20	3.40	1.47	1.94	
20 to < 45	10.99	4.46	6.53	
45 to < 65	9.51	0.02	9.49	
65 to < 75	12.37	0.00	12.37	
75 to < 85	10.20	0.00	10.20	
85+	0.00	0.00		
	0.00	0.00	0.00	
Health Net, Tulare	All ID Admita	Routine Obstetrics	Other Med/Surg	
Age Range in Years 0 to < 1	All IP Admits		Other Med/Surg	
	12.05	0.00	12.05	
1 to < 10	1.89	0.00	1.89	
10 to < 20	3.37	0.76	2.61	
20 to < 45	11.75	2.78	8.97	
45 to < 65	7.71	0.00	7.71	
65 to < 75	3.68	0.00	3.68	
75 to < 85	27.78	0.00	27.78	
85+	0.00	0.00	0.00	

(By Age Group)

D. 6 (6.116) -	I WO Plati Wouel Plat	is (continued)	
Blue Cross of California, F		5 6 1	0.11 14 1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	20.28	0.00	20.28
1 to < 10	2.14	0.00	2.14
10 to < 20	3.36	1.33	2.02
20 to < 45	11.49	5.07	6.42
45 to < 65	8.95	0.08	8.86
65 to < 75	11.62	0.00	11.62
75 to < 85	12.73	0.00	12.73
85+	11.63	0.00	11.63
Health Net, Fresno			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	13.53	0.00	13.53
1 to < 10	2.18	0.00	2.18
10 to < 20	3.66	1.44	2.21
20 to < 45	12.86	5.05	7.81
45 to < 65	6.97	0.06	6.91
65 to < 75	1.21	0.00	1.21
	0.00	0.00	0.00
75 to < 85			
85+	0.00	0.00	0.00
Co	ounty Organized Heal	Ith System Plans	
Santa Barbara Health Initia		itii Oysteiii i iaiis	
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	5.04	0.00	5.04
1 to < 10	1.25	0.00	1.25
10 to < 20	2.63	0.37	2.26
20 to < 45	9.38	1.48	7.90
45 to < 65	12.24	0.00	12.24
65 to < 75	8.85	0.00	8.85
75 to < 85	10.52	0.00	10.52
85+	9.48	0.00	9.48
Health Plan of San Mateo,	San Mateo		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.98	0.00	7.98
1 to < 10	1.86	0.00	1.86
10 to < 20	2.61	0.81	1.80
20 to < 45	10.28	3.28	7.00
45 to < 65	11.24	0.00	11.24
65 to < 75	3.44	0.00	3.44
75 to < 85	3.31	0.00	3.31
85+	3.72	0.00	3.72
Partnership Health Plan of			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	13.25	0.00	13.25
1 to < 10	1.68	0.00	1.68
10 to < 20	3.76	0.72	3.04
20 to < 45	14.15	3.64	10.50
45 to < 65	16.84	0.00	16.84
65 to < 75	7.96	0.00	7.96
	8.58	0.00	8.58
75 to < 85			
85+	9.04	0.00	9.04

(By Age Group)

County Organized Health System Plans (continued)

County Organized Health System Plans (continued)			
Partnership Health Plan	•		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	12.04	0.00	12.04
1 to < 10	2.41	0.00	2.41
10 to < 20	4.68	1.73	2.95
20 to < 45	15.61	5.71	9.90
45 to < 65	14.19	0.00	14.19
65 to < 75	9.41	0.00	9.41
75 to < 85	7.96	0.00	7.96
85+	4.01	0.00	4.01
Partnership Health Plan	of California. Yolo		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	14.99	0.00	14.99
1 to < 10	1.74	0.00	1.74
10 to < 20	3.64	0.77	2.86
20 to < 45	11.44	3.13	8.31
45 to < 65	8.84	0.00	8.84
65 to < 75	4.49	0.00	4.49
75 to < 85	3.97	0.00	3.97
85+	1.92	0.00	1.92
CalOPTIMA, Orange	1.92	0.00	1.32
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	9.37	0.00	9.37
1 to < 10	2.53	0.00	2.53
10 to < 20	3.99	0.79	3.20
20 to < 45	14.26	3.70	10.55
45 to < 65	13.92	0.01	13.91
65 to < 75	3.83	0.00	3.83
75 to < 85	3.40	0.00	3.40
85+	3.41	0.00	3.41
Central Coast Alliance for			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	31.38	0.05	31.33
1 to < 10	2.02	0.00	2.02
10 to < 20	3.94	1.19	2.75
20 to < 45	14.86	3.76	11.10
45 to < 65	20.16	0.00	20.16
65 to < 75	18.55	0.00	18.55
75 to < 85	19.97	0.00	19.97
85+	21.66	0.00	21.66
Central Coast Alliance for	or Health, Monterey		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	30.55	0.06	30.48
1 to < 10	2.66	0.00	2.66
10 to < 20	4.76	1.69	3.07
20 to < 45	15.23	5.26	9.97
45 to < 65	18.93	0.01	18.92
65 to < 75	13.36	0.00	13.36
75 to < 85	18.88	0.00	18.88
85+	20.40	0.00	20.40
	20.⊣0	0.00	20.40

(By Aid Code Range)

Overall Totals

All Medi-Cal			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	8.37	2.91	5.46
Youth Related	4.03	0.40	3.63
Aged, Blind, Disabled	14.16	0.10	14.07
Other Aid Codes	28.56	1.23	27.34
Medi-Cal Fee-For-Service Progra	m		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	13.88	5.72	8.16
Youth Related	4.43	0.35	4.07
Aged, Blind, Disabled	13.68	0.08	13.59
Other Aid Codes	25.14	1.22	23.92
Medi-Cal Managed Care (selected	d plans)		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.67	1.08	3.59
Youth Related	3.42	0.44	2.97
Aged, Blind, Disabled	13.63	0.15	13.47
Other Aid Codes	93.61	1.05	92.56
Geographic Managed Care			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.31	1.44	3.86
Youth Related	3.98	0.84	3.14
Aged, Blind, Disabled	17.19	0.25	16.94
Other Aid Codes	142.86	114.29	28.57
Two Plan Model			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.37	0.98	3.39
Youth Related	2.92	0.39	2.52
Aged, Blind, Disabled	17.86	0.33	17.53
Other Aid Codes	70.55	12.27	58.28
County Organized Health System	ns		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.94	1.34	4.60
Youth Related	5.20	0.47	4.73
Aged, Blind, Disabled	10.91	0.05	10.86
Other Aid Codes	94.41	0.00	94.41
All Other Plan Codes			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.33	1.72	3.61
Youth Related	3.65	0.90	2.75
Aged, Blind, Disabled	9.89	0.06	9.83
Other Aid Codes	14.71	0.00	14.71

(By Aid Code Range)

Geographic Managed Care Plans

Sharp Health Plan, San Diego	grapine managea ec	ire i idiis	
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.07	2.20	3.87
Youth Related	3.78	1.15	2.62
Aged, Blind, Disabled	21.62	0.33	21.30
Other Aid Codes	0.00	0.00	0.00
Universal Care, San Diego	0.00	0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.66	1.37	4.29
Youth Related	3.14	0.31	2.82
Aged, Blind, Disabled	25.47	0.15	25.32
Other Aid Codes	0.00	0.00	0.00
Community Health Group, San Diego		0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.97	1.09	3.88
Youth Related	3.82	0.65	3.17
Aged, Blind, Disabled	17.65	0.22	17.43
Other Aid Codes	83.33	83.33	0.00
Blue Cross of California, San Diego	00.00	00.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.14	1.62	4.52
Youth Related	4.79	1.03	3.76
Aged, Blind, Disabled	24.46	0.16	24.30
Other Aid Codes	125.00	125.00	0.00
University of Cal-San Diego Health F			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.31	1.25	5.06
Youth Related	5.08	0.67	4.41
Aged, Blind, Disabled	22.47	0.00	22.47
Other Aid Codes	133.33	66.67	66.67
Health Net, San Diego			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.76	1.32	5.44
Youth Related	3.53	0.35	3.18
Aged, Blind, Disabled	22.61	0.00	22.61
Other Aid Codes	0.00	0.00	0.00
Kaiser Foundation Health Plan, San	Diego		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.79	0.14	5.65
Youth Related	4.91	0.00	4.91
Aged, Blind, Disabled	24.07	0.00	24.07
Other Aid Codes	0.00	0.00	0.00
Molina Health Care of California, Sac	cramento		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.78	1.38	2.40
Youth Related	3.65	1.04	2.60
Aged, Blind, Disabled	7.47	0.32	7.15
Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

Geographic Managed Care (continued)

Western Health Advantage, Sacrament	'n		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.61	0.69	3.92
Youth Related	3.86	0.74	3.12
Aged, Blind, Disabled	14.95	0.24	14.71
Other Aid Codes	0.00	0.00	0.00
Health Net, Sacramento			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.32	1.54	2.78
Youth Related	4.28	1.11	3.17
Aged, Blind, Disabled	12.80	0.47	12.33
Other Aid Codes	0.00	0.00	0.00
Kaiser, Sacramento			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.64	0.15	5.49
Youth Related	3.95	0.12	3.83
Aged, Blind, Disabled	17.27	0.08	17.19
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Sacramento			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.39	1.84	3.55
Youth Related	4.04	1.27	2.77
Aged, Blind, Disabled	14.47	0.41	14.06
Other Aid Codes	0.00	0.00	0.00
-	wo Plan Model Pla	200	
	WO Flall Would Fla	311S	
Alamada Allianaa far Haalth Alamada			
Alameda Alliance for Health, Alameda	All ID Advasta	Dautina Ohatatriaa	Oth on Mad/Come
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Aid Code Category Family	3.81	0.45	3.36
Aid Code Category Family Youth Related	3.81 2.66	0.45 0.11	3.36 2.55
Aid Code Category Family Youth Related Aged, Blind, Disabled	3.81 2.66 15.71	0.45 0.11 0.20	3.36 2.55 15.51
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	3.81 2.66	0.45 0.11	3.36 2.55
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda	3.81 2.66 15.71 0.00	0.45 0.11 0.20 0.00	3.36 2.55 15.51 0.00
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category	3.81 2.66 15.71 0.00 All IP Admits	0.45 0.11 0.20 0.00 Routine Obstetrics	3.36 2.55 15.51 0.00 Other Med/Surg
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family	3.81 2.66 15.71 0.00 All IP Admits 6.08	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40	3.36 2.55 15.51 0.00 Other Med/Surg 4.68
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00 a All IP Admits 6.30	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics 0.86	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg 5.44
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00 a All IP Admits 6.30 4.07	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics 0.86 0.33	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg 5.44 3.74
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Aged, Blind, Disabled	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00 a All IP Admits 6.30 4.07 22.42	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics 0.86 0.33 0.30	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg 5.44 3.74 22.12
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00 a All IP Admits 6.30 4.07 22.42 52.63	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics 0.86 0.33	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg 5.44 3.74
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00 a All IP Admits 6.30 4.07 22.42 52.63	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics 0.86 0.33 0.30	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg 5.44 3.74 22.12 52.63
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00 a All IP Admits 6.30 4.07 22.42 52.63	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics 0.86 0.33 0.30 0.00	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg 5.44 3.74 22.12
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Coher Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00 a All IP Admits 6.30 4.07 22.42 52.63	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics 0.86 0.33 0.30 0.00 Routine Obstetrics	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg 5.44 3.74 22.12 52.63 Other Med/Surg
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00 a All IP Admits 6.30 4.07 22.42 52.63 All IP Admits 5.85	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics 0.86 0.33 0.30 0.00 Routine Obstetrics 1.45	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg 5.44 3.74 22.12 52.63 Other Med/Surg 4.40
Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family Youth Related	3.81 2.66 15.71 0.00 All IP Admits 6.08 4.65 23.11 0.00 a All IP Admits 6.30 4.07 22.42 52.63 All IP Admits 5.85 4.52	0.45 0.11 0.20 0.00 Routine Obstetrics 1.40 0.47 0.52 0.00 Routine Obstetrics 0.86 0.33 0.30 0.00 Routine Obstetrics 1.45 0.13	3.36 2.55 15.51 0.00 Other Med/Surg 4.68 4.18 22.60 0.00 Other Med/Surg 5.44 3.74 22.12 52.63 Other Med/Surg 4.40 4.39

(By Aid Code Range)

Two Plan Model (continued)

,	Surg 3.66 4.04
Family 5.66 2.00 3	3.66
·	
	·. UT
	.05
	3.48
Blue Cross of California, Kern	
Aid Code Category All IP Admits Routine Obstetrics Other Med/	Sura
	5.33
	.25
	.41
	3.33
LA CARE Health Plan, Los Angeles	
Aid Code Category All IP Admits Routine Obstetrics Other Med/	Surg
	3.22
·	2.26
Aged, Blind, Disabled 17.91 0.17 17	.74
	.28
Health Net, Los Angeles	
Aid Code Category All IP Admits Routine Obstetrics Other Med/	Surg
	.94
	.45
	2.37
	3.78
Inland Empire Health Plan, Riverside	
Aid Code Category All IP Admits Routine Obstetrics Other Med/	Surg
Family 6.40 1.60 4	.80
Youth Related 4.96 0.83 4	.13
Aged, Blind, Disabled 22.38 0.39 21	.99
Other Aid Codes 428.57 47.62 380	.95
Molina Health Care of California, Riverside	
Aid Code Category All IP Admits Routine Obstetrics Other Med/	Surg
Family 4.98 1.41 3	3.57
Youth Related 4.07 0.84 3	3.22
Aged, Blind, Disabled 20.10 0.31 19	.79
Other Aid Codes 0.00 0.00 0	00.0
Inland Empire Health Plan, San Bernardino	
Aid Code Category All IP Admits Routine Obstetrics Other Med/	Surg
·	5.18
	80.
Aged, Blind, Disabled 23.23 0.34 22	2.90
Other Aid Codes 33.33 0.00 33	3.33
Molina Health Care of California, San Bernardino	
Aid Code Category All IP Admits Routine Obstetrics Other Med/	Surg
	.38
	3.77
	3.62
Other Aid Codes 0.00 0.00	00.0

(By Aid Code Range)

Two Plan Model (continued)

	wo Flaii Model (Colli	inueu)	
San Francisco Health Plan, San Fra		5 61	011 11 110
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.24	0.68	2.56
Youth Related	1.89	0.03	1.86
Aged, Blind, Disabled	12.93	0.18	12.75
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, San Franc			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.55	1.39	3.16
Youth Related	1.44	0.00	1.44
Aged, Blind, Disabled	17.99	0.75	17.25
Other Aid Codes	0.00	0.00	0.00
Health Plan of San Joaquin, San Jo	aquin		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.10	2.33	3.77
Youth Related	6.55	2.00	4.55
Aged, Blind, Disabled	14.25	0.86	13.39
Other Aid Codes	1,000.00	0.00	1,000.00
Blue Cross of California, San Joaqu	ıin		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.83	2.12	4.71
Youth Related	4.87	1.11	3.76
Aged, Blind, Disabled	17.84	0.21	17.62
Other Aid Codes	0.00	0.00	0.00
Santa Clara Family Health Plan, Sar	nta Clara		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.42	1.52	3.90
Youth Related	3.07	0.51	2.57
Aged, Blind, Disabled	18.62	0.30	18.32
Other Aid Codes	83.33	0.00	83.33
Blue Cross of California, Santa Clar		3.33	00.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.26	0.83	3.43
Youth Related	2.11	0.04	2.06
Aged, Blind, Disabled	16.71	0.22	16.49
Other Aid Codes	0.00	0.00	0.00
Blue Cross/Stanislaus Local Initiati		0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.22	1.59	4.64
Youth Related	4.65	0.83	3.82
Aged, Blind, Disabled	20.49	0.58	19.91
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California LI, Tulare	0.00	0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.48	1.55	3.93
Youth Related	4.45	1.70	2.75
Aged, Blind, Disabled	20.07	0.51	19.56
Other Aid Codes	0.00	0.00	0.00
Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

Two Plan Model (continued)

Health Net, Tulare	(00110		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.23	0.89	4.35
Youth Related	5.12	0.82	4.29
Aged, Blind, Disabled	20.33	0.58	19.75
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Fresno			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.64	1.72	3.92
Youth Related	5.87	1.32	4.55
Aged, Blind, Disabled	18.08	0.53	17.55
Other Aid Codes	100.00	0.00	100.00
Health Net, Fresno			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.76	1.66	4.10
Youth Related	4.83	1.15	3.68
Aged, Blind, Disabled	19.95	0.59	19.36
Other Aid Codes	0.00	0.00	0.00
Count	y Organized Health Sy	vstem Plans	
Santa Barbara Health Initiative, San		,	
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.53	0.57	2.95
Youth Related	3.40	0.34	3.06
Aged, Blind, Disabled	12.12	0.03	12.09
Other Aid Codes	109.85	0.00	109.85
Health Plan of San Mateo, San Mate	90		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.50	1.31	3.19
Youth Related	3.77	0.29	3.47
Aged, Blind, Disabled	6.32	0.05	6.27
Other Aid Codes	39.66	0.00	39.66
Partnership Health Plan of Californ	ia, Solano		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.85	1.63	5.23
Youth Related	4.85	0.66	4.19
Aged, Blind, Disabled	11.89	0.06	11.82
Other Aid Codes	432.99	0.00	432.99
Partnership Health Plan of Californ	ia, Napa		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	7.91	2.68	5.23
Youth Related	5.43	0.84	4.59
Aged, Blind, Disabled	10.88	0.07	10.81
Other Aid Codes	67.96	0.00	67.96
Partnership Health Plan of Californ	ia, Yolo		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.70	1.35	4.36
Youth Related	4.23	0.35	3.88
Aged, Blind, Disabled	7.98	0.11	7.87
Other Aid Codes	40.36	0.00	40.36

(By Aid Code Range)

County Organized Health Systems (continued)

Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.62	1.22	4.40
Youth Related	5.23	0.40	4.83
Aged, Blind, Disabled	9.58	0.04	9.54
Other Aid Codes	43.39	0.00	43.39
Central Coast Alliance for Health, Sa	anta Cruz		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	8.13	1.68	6.45
Youth Related	7.19	0.59	6.61
Aged, Blind, Disabled	20.78	0.03	20.75
Other Aid Codes	208.16	0.00	208.16
Central Coast Alliance for Health, Me	onterey		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	8.44	2.03	6.41
Youth Related	7.53	0.96	6.58
Aged, Blind, Disabled	19.59	0.08	19.51
Other Aid Codes	522.46	0.00	522.46

Overall Totals

All Medi-Cal		- -	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	9.53	1.23	8.29
Hispanic	8.51 9.76	2.76	5.75
Black Asian & Pacific Islander	9.76 7.52	1.06	8.70
		1.15	6.37
Native American/Alaskan	11.73	1.90	9.82
Other Missing/Invalid	10.16 21.59	0.28 1.91	9.88 19.69
Missing/Invalid Medi-Cal Fee-For-Service Program	21.59	1.91	19.09
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	11.20	1.30	9.90
Hispanic	13.25	4.84	8.41
Black	16.77	1.22	15.55
Asian & Pacific Islander	11.42	1.58	9.84
Native American/Alaskan	13.12	2.07	11.04
Other	11.27	0.27	11.00
Missing/Invalid	15.40	2.05	13.35
Medi-Cal Managed Care (selected p		2.00	10.00
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.98	1.14	5.84
Hispanic	4.29	0.90	3.39
Black	5.55	0.97	4.57
Asian & Pacific Islander	3.98	0.76	3.21
Native American/Alaskan	8.35	1.44	6.91
Other	6.40	0.32	6.08
Missing/Invalid	15.12	0.21	14.90
Geographic Managed Care			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.30	1.41	4.89
Hispanic	4.88	1.25	3.62
Black	6.60	1.40	5.20
Asian & Pacific Islander	4.10	1.17	2.94
Native American/Alaskan	8.37	1.55	6.82
Other	10.24	0.28	9.95
Missing/Invalid	20.94	0.17	20.77
Two Plan Model			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.29	1.18	5.11
Hispanic	3.85	0.84	3.01
Black	5.11	0.90	4.21
Asian & Pacific Islander	3.35	0.73	2.62
Native American/Alaskan	8.00	1.58	6.42
Other	6.41	0.62	5.80
Missing/Invalid	16.12	0.34	15.78
County Organized Health Systems	AULD	Davidina Obatatriaa	Oth on Mad (Comm
Ethnic Group White	All IP 9.21	Routine Obstetrics	Other Med/Surg
	9.21 6.41	0.84 1.05	8.37 5.36
Hispanic Black	8.60	1.05	7.59
Asian & Pacific Islander	5.50	0.61	4.89
Native American/Alaskan	9.99	0.67	9.32
Other	9.99 6.07	0.00	6.07
Missing/Invalid	12.92	0.00	12.83
wiissii iy/ii waliu	12.92	0.09	12.03

Overall Totals (continued)

U	verali Totais (cont	inueu)	
All Other Plan Codes			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.76	1.12	6.64
Hispanic	4.68	1.03	3.66
Black	9.51	0.41	9.10
Asian & Pacific Islander	4.79	0.79	4.00
Native American/Alaskan	10.14	2.77	7.38
Other	5.48	0.00	5.48
Missing/Invalid	9.46	0.00	9.46
Geog	raphic Managed C	Care Plans	
Sharp Health Plan, San Diego			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.90	2.36	5.54
	5.29	1.86	3.44
Hispanic			
Black	7.14	2.20	4.94
Asian & Pacific Islander	5.16	1.86	3.31
Native American/Alaskan	10.89	2.04	8.85
Other	8.08	0.00	8.08
Missing/Invalid	22.48	0.00	22.48
Universal Care, San Diego	-		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.57	1.14	4.42
Hispanic	4.46	0.99	3.47
Black	7.35	1.59	5.77
Asian & Pacific Islander	7.13	1.66	5.47
Native American/Alaskan	4.62	0.00	4.62
Other	0.00	0.00	0.00
Missing/Invalid	39.55	0.00	39.55
Community Health Group, San Die		5.55	00.00
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.32	1.03	5.29
Hispanic	4.53	1.02	3.52
Black	5.78	1.17	4.61
Asian & Pacific Islander	3.87	0.48	3.39
Native American/Alaskan	7.84	0.98	6.86
Other	12.56	0.00	12.56
Missing/Invalid	25.39	0.26	25.13
Blue Cross of California, San Diego		0.20	20.10
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.16	1.27	_
			4.90
Hispanic	5.36	1.46	3.90
Black	7.58	1.70	5.88
Asian & Pacific Islander	5.51	1.73	3.78
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	33.04	0.00	33.04
wiissing/invalid	33.04	0.00	JJ.U4

Geographic Managed Care Plans (continued)

University of Cal-San Diego Health	Plan	iano (continuca)	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	8.00	1.14	6.86
Hispanic	5.11	1.03	4.07
Black	7.22	1.09	6.13
Asian & Pacific Islander	7.66	1.84	5.82
Native American/Alaskan	12.46	0.00	12.46
Other	0.00	0.00	0.00
Missing/Invalid	35.53	0.00	35.53
Health Net, San Diego			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	8.12	1.58	6.53
Hispanic	5.19	0.89	4.30
Black	7.75	1.19	6.56
Asian & Pacific Islander	4.89	1.14	3.75
Native American/Alaskan	5.88	0.00	5.88
Other	0.00	0.00	0.00
Missing/Invalid	32.13	0.00	32.13
Kaiser Foundation Health Plan, San	Diego		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	9.91	0.05	9.86
Hispanic	6.16	0.16	5.99
Black	7.56	0.17	7.39
Asian & Pacific Islander	9.98	0.13	9.84
Native American/Alaskan	12.22	0.00	12.22
Other	19.64	0.00	19.64
Missing/Invalid	21.89	0.00	21.89
Molina Health Care of California, Sa	cramento		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.31	1.50	2.81
Hispanic	3.42	1.05	2.37
Black	4.24	1.34	2.89
Asian & Pacific Islander	2.85	1.03	1.82
Native American/Alaskan	3.88	0.65	3.23
Other	4.80	0.00	4.80
Missing/Invalid	8.09	0.77	7.32
Western Health Advantage, Sacram			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.63	0.68	4.95
Hispanic	4.53	0.58	3.95
Black	6.17	0.78	5.39
Asian & Pacific Islander	4.82	0.41	4.41
Native American/Alaskan	14.45	0.00	14.45
Other	13.45	0.00	13.45
Missing/Invalid	14.47	0.00	14.47
Health Net, Sacramento		5 4 5 4 4	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.60	1.63	3.97
Hispanic	4.13	1.42	2.70
Black	6.48	2.01	4.47
Asian & Pacific Islander	2.78	1.11	1.68
Native American/Alaskan	6.13	1.53	4.60
Other	8.76	0.00	8.76
Missing/Invalid	19.35	0.35	19.00

Geographic Managed Care Plans (continued)

<u> </u>	managed Care i	ians (continued)	
Kaiser, Sacramento			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.77	0.08	7.69
Hispanic	5.48	0.29	5.19
Black	7.22	0.16	7.06
Asian & Pacific Islander	5.74	0.04	5.70
Native American/Alaskan	2.96	0.00	2.96
Other	16.51	0.00	16.51
Missing/Invalid	17.20	0.18	17.02
Blue Cross of California, Sacrament		0.10	17.02
Ethnic Group	.O All IP	Routine Obstetrics	Other Med/Surg
•	5.31		
White		1.71	3.60
Hispanic	5.34	1.64	3.70
Black	6.97	1.89	5.08
Asian & Pacific Islander	4.42	1.69	2.72
Native American/Alaskan	11.05	3.13	7.92
Other	6.21	1.55	4.65
Missing/Invalid	16.50	0.20	16.30
-	Swa Dian Madal F	Nama	
	īwo Plan Model P	rians	
Alameda Alliance for Health, Alamed			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.71	0.44	5.27
Hispanic	3.86	0.40	3.46
Black	5.06	0.42	4.64
Asian & Pacific Islander	2.81	0.36	2.45
Native American/Alaskan	10.15	0.88	9.27
Other	9.15	0.00	9.15
Missing/Invalid	16.98	0.18	16.81
Blue Cross of California, Alameda		55	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.62	1.05	5.57
Hispanic	5.97	1.05	4.92
	7.16	1.55	5.61
Black			
Asian & Pacific Islander	5.24	1.12	4.12
Native American/Alaskan	10.17	2.54	7.63
Other	15.29	0.00	15.29
Missing/Invalid	20.67	0.00	20.67
Contra Costa Health Plan, Contra Co	osta		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	9.54	0.71	8.83
Hispanic	5.91	0.61	5.30
Black	7.42	1.08	6.34
Asian & Pacific Islander	4.84	0.70	4.14
Native American/Alaskan	6.83	0.00	6.83
Other	24.36	0.00	24.36
	18.51	0.00	18.39
Missing/Invalid	16.01	0.12	10.39

Blue Cross of California, Contra Costa	model i idiio (, continuou,	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.57	1.27	4.31
Hispanic	5.62	1.04	4.58
Black	6.72	1.69	5.03
Asian & Pacific Islander	5.10	1.08	4.02
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	13.82	0.92	12.90
Kern Family Health Care, Kern			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.75	2.31	5.44
Hispanic	5.09	1.78	3.31
Black	6.91	2.02	4.89
Asian & Pacific Islander	6.84	2.30	4.54
Native American/Alaskan	10.76	3.38	7.38
Other	15.46	0.00	15.46
Missing/Invalid	18.90	0.19	18.71
Blue Cross of California, Kern			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	10.93	1.88	9.05
Hispanic	5.72	1.69	4.02
Black	7.83	1.83	6.00
Asian & Pacific Islander	6.68	1.14	5.54
Native American/Alaskan	17.69	3.32	14.37
Other	14.25	0.00	14.25
Missing/Invalid	24.85	0.23	24.62
LA CARE Health Plan, Los Angeles		- -	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.19	0.57	3.63
Hispanic	3.46	0.56	2.91
Black Asian & Pacific Islander	4.72 3.51	0.69 0.51	4.04 3.00
Native American/Alaskan	5.16	0.91	4.26
Other	5.87	0.87	5.00
	11.47		11.00
Missing/Invalid	11.47	0.47	11.00
Health Net, Los Angeles Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	3.63	0.57	3.06
Hispanic	2.07	0.41	1.66
Black	2.94	0.42	2.52
Asian & Pacific Islander	1.47	0.21	1.26
Native American/Alaskan	5.53	1.12	4.40
Other	3.35	0.39	2.96
Missing/Invalid	9.10	0.42	8.67
Inland Empire Health Plan, Riverside	0.10	0.12	0.07
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.89	1.62	6.27
Hispanic	5.79	1.42	4.37
Black	7.27	1.51	5.76
Asian & Pacific Islander	6.23	1.14	5.09
Native American/Alaskan	7.46	1.12	6.34
Other	13.01	1.73	11.27
Missing/Invalid	24.90	0.25	24.64

Molina Health Care of California, Ri	verside	oonanada,	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.01	1.45	4.56
Hispanic	4.37	1.26	3.10
Black	5.86	1.31	4.55
Asian & Pacific Islander	4.56	0.95	3.61
Native American/Alaskan	4.38	0.97	3.41
Other	13.16	0.00	13.16
Missing/Invalid	27.12	0.38	26.74
Inland Empire Health Plan, San Ber			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	8.01	1.36	6.64
Hispanic	6.08	1.28	4.80
Black	7.43	1.44	5.99
Asian & Pacific Islander	5.43	0.89	4.54
Native American/Alaskan	8.52	1.73	6.79
Other	32.70	0.00	32.70
Missing/Invalid	26.71	0.26	26.45
Molina Health Care of California, Sa			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.53	1.81	5.72
Hispanic	5.03	1.16	3.87
Black	5.92	1.35	4.57
Asian & Pacific Islander	5.49	0.67	4.82
Native American/Alaskan	6.13	2.86	3.27
Other	38.46	0.00	38.46
Missing/Invalid	22.26	0.00	22.26
San Francisco Health Plan, San Fra		D (' 0) (()	011 14 1/0
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.26	1.17	5.09
Hispanic	3.43	0.47	2.96
Black	5.29 1.87	0.96 0.29	4.34
Asian & Pacific Islander Native American/Alaskan	3.02	1.51	1.58 1.51
Other	7.59	0.00	7.59
	7.59 10.67		10.67
Missing/Invalid		0.00	10.07
Blue Cross of California, San France Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.34	1.02	4.31
Hispanic	5.19	1.18	4.02
Black	7.29	1.71	5.58
Asian & Pacific Islander	3.02	0.91	2.11
Native American/Alaskan	18.25	3.65	14.60
Other	7.08	0.00	7.08
Missing/Invalid	17.33	2.10	15.23
Health Plan of San Joaquin, San Jo		2.10	13.23
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.12	2.41	4.71
Hispanic	5.82	2.09	3.73
Black	5.93	1.88	4.06
Asian & Pacific Islander	3.98	1.61	2.38
Native American/Alaskan	9.27	3.19	6.08
Other	8.92	0.00	8.92
Missing/Invalid	19.62	0.13	19.48
onig/iiivaila	10.02	0.10	10.70

Blue Cross of California, San Joaquir	11 Model I Idiie (oonanada,	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.31	2.12	5.19
Hispanic	6.29	1.84	4.45
Black	6.37	1.76	4.61
Asian & Pacific Islander	5.10	1.93	3.17
Native American/Alaskan	6.99	2.33	4.66
Other	25.86	0.00	25.86
Missing/Invalid	14.77	0.46	14.31
Santa Clara Family Health Plan, Santa			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.41	1.54	5.86
Hispanic	5.12	1.38	3.74
Black	6.82	1.34	5.48
Asian & Pacific Islander	3.86	1.07	2.79
Native American/Alaskan	14.24	0.99	13.25
Other	14.79	0.00	14.79
Missing/Invalid	25.66	0.16	25.50
Blue Cross of California, Santa Clara	A II 15	D (; 0) () ;	011 14 1/0
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.84	0.96	5.88
Hispanic	5.41	1.10	4.31
Black	6.47	0.94	5.53
Asian & Pacific Islander	3.06	0.48	2.58
Native American/Alaskan	4.88	0.00	4.88
Other	2.31	0.00	2.31
Missing/Invalid	32.33	0.39	31.94
Blue Cross/Stanislaus Local Initiative Ethnic Group	e , Stanisiaus All IP	Routine Obstetrics	Other Med/Surg
White	8.34	1.64	6.69
Hispanic	5.40	1.47	3.93
Black	7.02	1.39	5.63
Asian & Pacific Islander	3.89	0.95	2.95
Native American/Alaskan	11.03	0.85	10.18
Other	4.17	0.00	4.17
Missing/Invalid	24.99	0.20	24.79
Blue Cross of California LI, Tulare	24.55	0.20	24.75
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.91	1.80	6.11
Hispanic	4.92	1.45	3.47
Black	6.19	1.12	5.07
Asian & Pacific Islander	4.99	1.48	3.51
Native American/Alaskan	7.25	2.13	5.12
Other	4.82	0.00	4.82
Missing/Invalid	21.89	0.00	21.89
Health Net, Tulare			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.56	0.77	5.79
Hispanic	4.86	0.89	3.97
Black	6.44	0.92	5.52
Asian & Pacific Islander	5.85	1.22	4.63
Native American/Alaskan	9.78	1.40	8.38
Other	32.26	0.00	32.26
Missing/Invalid	33.78	0.00	33.78
=			

(By Ethnicity)

IWO	Pian Model Plans (continuea)	
Blue Cross of California, Fresno			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.78	1.78	5.99
Hispanic	5.71	1.66	4.05
Black	7.28	1.89	5.38
Asian & Pacific Islander	4.09	1.39	2.70
Native American/Alaskan	13.36	2.47	10.89
Other	10.95	0.30	10.65
Missing/Invalid	22.89	0.08	22.81
Health Net, Fresno			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.05	2.00	5.05
Hispanic	5.25	1.44	3.81
Black	7.83	2.12	5.71
Asian & Pacific Islander	5.88	1.96	3.92
Native American/Alaskan	10.63	1.52	9.11
Other	0.00	0.00	0.00
Missing/Invalid	28.46	0.49	27.97
windowig/wittania	20.10	0.10	21.07
County	Organized Health	System Plans	
Santa Barbara Health Initiative, Sa		•	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	8.49	0.42	8.07
Hispanic	3.77	0.42	3.34
Black	6.54	0.79	5.75
Asian & Pacific Islander	9.62	0.24	9.38
Native American/Alaskan	9.95	0.00	9.95
	10.68	0.00	10.68
Other			
Missing/Invalid	13.66	0.05	13.61
Health Plan of San Mateo, San Ma			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.97	0.59	4.38
Hispanic	4.29	0.70	3.58
Black	7.00	1.06	5.95
Asian & Pacific Islander	5.68	0.69	4.99
Native American/Alaskan	2.22	1.11	1.11
Other	3.98	0.00	3.98
Missing/Invalid	8.68	0.20	8.48
Partnership Health Plan of Califor			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	8.83	1.02	7.82
Hispanic	7.07	1.56	5.51
Black	8.23	1.02	7.20
Asian & Pacific Islander	8.44	0.98	7.47
Native American/Alaskan		1.27	
	8.44		7.17
Other	8.21	0.00	8.21
Missing/Invalid	11.80	0.05	11.75

County Organized Health System Plans (continued)

5 0	•	ii Fians (continueu)	
Partnership Health Plan of Californ		_	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	8.86	1.31	7.56
Hispanic	8.08	2.25	5.83
Black	10.98	0.37	10.61
Asian & Pacific Islander	10.93	0.46	10.48
Native American/Alaskan	8.98	1.80	7.18
Other	4.43	0.00	4.43
Missing/Invalid	12.22	0.23	11.99
Partnership Health Plan of Californ	ia, Yolo		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.32	0.68	5.65
Hispanic	5.88	1.35	4.52
Black	6.63	0.70	5.93
Asian & Pacific Islander	5.63	0.85	4.77
Native American/Alaskan	14.07	0.47	13.60
Other	7.01	0.00	7.01
Missing/Invalid	9.55	0.34	9.21
CalOPTIMA, Orange			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	8.84	0.83	8.01
Hispanic	6.20	0.95	5.26
Black	9.96	1.05	8.90
Asian & Pacific Islander	4.58	0.55	4.02
Native American/Alaskan	10.59	0.72	9.87
Other	4.62	0.00	4.62
Missing/Invalid	11.93	0.06	11.87
Central Coast Alliance for Health, S	anta Cruz		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	14.26	0.93	13.33
Hispanic	9.45	1.37	8.08
Black	10.85	0.75	10.10
Asian & Pacific Islander	12.18	0.39	11.79
Native American/Alaskan	9.70	0.00	9.70
Other	22.59	0.00	22.59
Missing/Invalid	21.73	0.08	21.65
Central Coast Alliance for Health, N	l onterey		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	16.23	1.40	14.84
Hispanic	8.79	1.60	7.19
Black	12.11	1.11	10.99
Asian & Pacific Islander	12.32	0.86	11.46
Native American/Alaskan	10.33	0.79	9.53
Other	12.95	0.00	12.95
Missing/Invalid	20.98	0.05	20.93
-			

	All IP	Routine Obstetrics	Other Med/Surg
Medi-Cal Program Rate	44.96	3.21	41.75
Medi-Cal Fee for Service Program	61.08	5.18	55.90
Medi-Cal Managed Care (selected plans)	25.98	1.14	24.85
Geographic Managed Care Rate	28.11	0.74	27.37
Sharp Health Plan, San Diego	29.40	0.46	28.95
Universal Care, San Diego	32.15	0.99	31.16
Community Health Group, San Diego	22.40	0.30	22.11
Blue Cross of California, San Diego	32.09	1.50	30.59
University of Cal-San Diego Health Plan	25.24	0.52	24.72
Health Net, San Diego	36.71	1.12	35.59
Kaiser Foundation Health Plan, San Diego	34.45	0.16	34.29
Molina Health Care of California, Sacramento	15.53	1.35	14.18
Western Health Advantage, Sacramento	38.87	0.37	38.49
Health Net, Sacramento	23.92	1.89	22.04
Kaiser, Sacramento	28.77	0.21	28.55
Blue Cross of California, Sacramento	32.07	0.77	31.29
Two Plan Model Rate	23.24	1.28	21.96
Alameda Alliance for Health, Alameda	17.04	0.41	16.64
Blue Cross of California, Alameda	40.93	3.05	37.87
Contra Costa Health Plan, Contra Costa	28.66	0.54	28.13
Blue Cross of California, Contra Costa	32.24	3.60	28.64
Kern Family Health Care, Kern	39.45	1.82	37.63
Blue Cross of California, Kern	40.61	1.37	39.24
LA CARE Health Plan, Los Angeles	18.73	0.88	17.85
Health Net, Los Angeles	12.96	0.49	12.47
Inland Empire Health Plan, Riverside	43.48	2.63	40.84
Molina Health Care of California, Riverside	19.66	1.00	18.66
Inland Empire Health Plan, San Bernardino	46.74	2.70	44.04
Molina Health Care of California, San Bernardino	23.11	1.32	21.79
San Francisco Health Plan, San Francisco	16.93	0.15	16.78
Blue Cross of California, San Francisco	29.47	2.98	26.49
Health Plan of San Joaquin, San Joaquin	26.26	4.12	22.14
Blue Cross of California, San Joaquin	33.40	2.75	30.65
Santa Clara Family Health Plan, Santa Clara	26.46	3.41	23.05
Blue Cross of California, Santa Clara	22.79	1.87	20.93
Blue Cross/Stanislaus Local Initiative, Stanislaus Blue Cross of California LI, Tulare	35.83	1.65	34.18
Health Net, Tulare	25.73 27.29	2.07 1.06	23.66 26.22
Blue Cross of California, Fresno	28.65	1.03	27.62
Health Net, Fresno	27.35	2.86	24.50
County Organized Health Systems Rate	36.71	0.76	35.95
Santa Barbara Health Initiative, Santa Barbara	23.71	0.57	23.14
Health Plan of San Mateo, San Mateo	26.70	0.55	26.15
Partnership Health Plan of California, Solano	39.36	0.76	38.60
Partnership Health Plan of California, Napa	50.90	0.87	50.03
Partnership Health Plan of California, Yolo	26.53	0.46	26.07
CalOPTIMA, Orange	37.06 54.42	0.38	36.68
Central Coast Alliance for Health, Santa Cruz	54.43 46.07	2.05	52.38
Central Coast Alliance for Health, Monterey	46.07	2.53	43.54
Rate for All Other Plan Codes	32.48	1.90	30.58

Inpatient Days per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003 (By Age Group)

Overall Totals

	Overall 10	lais	
All Medi-Cal			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	155.63	0.011	155.62
1 to < 10	8.32	0.000	8.32
10 to < 20	20.05	2.585	17.47
20 to < 45	67.06	9.893	57.17
45 to < 65	86.64	0.019	86.62
65 to < 75	33.66	0.000	33.66
75 to < 85	42.02	0.000	42.02
85+	54.69	0.000	54.69
Medi-Cal Fee-For-Service	Program		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	249.47	0.024	249.45
1 to < 10	11.08	0.001	11.08
10 to < 20	30.76	5.137	25.62
20 to < 45	80.75	14.002	66.75
45 to < 65	100.20	0.023	100.18
65 to < 75	32.45	0.000	32.45
75 to < 85	41.81	0.000	41.81
85+	56.43	0.000	56.43
Medi-Cal Managed Care (0.000	00.40
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	81.60	0.002	81.60
1 to < 10	7.09	0.000	7.09
10 to < 20	13.06	0.913	12.15
20 to < 45	47.43	4.002	43.42
45 to < 65	60.40	0.011	60.39
65 to < 75	41.97	0.000	41.97
75 to < 85	44.37	0.000	44.37
75 to < 65 85+	44.56	0.000	44.56
		0.000	44.50
Geographic Managed Car Age Range in Years	All IP Admits	Douting Obstatrics	Other Med/Cura
0 to < 1	84.41	Routine Obstetrics 0.000	Other Med/Surg 84.41
1 to < 10	6.88		6.88
		0.000	
10 to < 20	14.64	0.512	14.13
20 to < 45	54.01	2.493	51.52
45 to < 65	61.87	0.008	61.86
65 to < 75	71.34	0.000	71.34
75 to < 85	95.80	0.000	95.80
85+	211.49	0.000	211.49
Two Plan Model			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	80.64	0.000	80.64
1 to < 10	6.86	0.000	6.86
10 to < 20	12.32	0.983	11.34
20 to < 45	44.57	4.398	40.17
45 to < 65	51.05	0.015	51.04
65 to < 75	75.24	0.000	75.24
75 to < 85	87.58	0.000	87.58
85+	125.28	0.000	125.28

(By Age Group)

Overall Totals (continued)

	Overall Lotals (c	continuea)	
County Organized Health Sys			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	83.18	0.010	83.17
1 to < 10	8.62	0.000	8.62
10 to < 20	16.32	0.842	15.47
20 to < 45	57.16	3.103	54.06
45 to < 65	83.59	0.003	83.59
65 to < 75	33.89	0.000	33.89
75 to < 85	38.26	0.000	38.26
85+	36.81	0.000	36.81
All other Plan Codes			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	55.11	0.000	55.11
1 to < 10	5.37	0.000	5.37
10 to < 20	10.01	1.544	8.47
20 to < 45	60.70	7.651	53.04
45 to < 65	84.32	0.000	84.32
65 to < 75	20.45	0.000	20.45
75 to < 85	26.39	0.000	26.39
85+	18.78	0.000	18.78
Geographic Managed Care Plans			
	• .	eu Care Flairs	
Sharp Health Plan, San Diego		Dayting Obstatuing	Oth on Mad/Com
Age Range in Years 0 to < 1	All IP Admits	Routine Obstetrics	Other Med/Surg
	130.04	0.000	130.04
1 to < 10	6.42	0.000	6.42
10 to < 20	16.07	0.284	15.79
20 to < 45	51.64	1.624	50.01
45 to < 65	58.36	0.000	58.36
65 to < 75	33.03	0.000	33.03
75 to < 85	169.06	0.000	169.06
85+	272.73	0.000	272.73
Universal Care, San Diego			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	49.83	0.000	49.83
1 to < 10	9.03	0.000	9.03
10 to < 20	17.41	0.131	17.28
20 to < 45	71.69	4.984	66.70
45 to < 65	112.24	0.000	112.24
65 to < 75	127.48	0.000	127.48
75 to < 85	28.01	0.000	28.01
85+	86.96	0.000	86.96
Community Health Group, Sa			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	69.70	0.000	69.70
1 to < 10	6.47	0.000	6.47
10 to < 20	12.16	0.193	11.96
20 to < 45	42.86	1.318	41.55
45 to < 65	53.99	0.000	53.99
45 to < 75		0.000	73.83
	73.83		
75 to < 85	112.95	0.000	112.95
85+	283.31	0.000	283.31

(By Age Group)

Geographic Managed Care Plans (continued)

Geographic Managed Care Plans (continued)			
Blue Cross of California,	•		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	91.37	0.000	91.37
1 to < 10	7.74	0.000	7.74
10 to < 20	17.70	1.223	16.48
20 to < 45	67.19	5.128	62.06
45 to < 65	45.47	0.000	45.47
65 to < 75	30.30	0.000	30.30
75 to < 85	0.00	0.000	0.00
85+	0.00	0.000	0.00
University of Cal-San Die	ego Health Plan		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	33.63	0.000	33.63
1 to < 10	7.86	0.000	7.86
10 to < 20	14.82	0.562	14.26
20 to < 45	50.53	1.641	48.89
45 to < 65	68.77	0.000	68.77
65 to < 75	17.69	0.000	17.69
75 to < 85	31.82	0.000	31.82
85+	0.00	0.000	0.00
Health Net, San Diego	0.00	0.000	0.00
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	23.76	0.000	23.76
1 to < 10	9.49	0.000	9.49
10 to < 20	23.90	0.682	23.22
20 to < 45	95.21	4.194	91.02
45 to < 65	67.84	0.000	67.84
65 to < 75	84.93	0.000	84.93
75 to < 85	56.41	0.000	56.41
85+	0.00	0.000	0.00
Kaiser Foundation Healt	· · · · · · · · · · · · · · · · · · ·		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	59.88	0.000	59.88
1 to < 10	5.22	0.000	5.22
10 to < 20	22.97	0.032	22.94
20 to < 45	47.32	0.542	46.78
45 to < 65	87.48	0.000	87.48
65 to < 75	98.09	0.000	98.09
75 to < 85	112.23	0.000	112.23
85+	200.00	0.000	200.00
Molina Health Care of Ca	alifornia, Sacramento		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	72.63	0.000	72.63
1 to < 10	4.33	0.000	4.33
10 to < 20	9.66	0.972	8.68
20 to < 45	28.06	4.289	23.78
45 to < 65	25.63	0.000	25.63
65 to < 75	46.13	0.000	46.13
75 to < 85	59.88	0.000	59.88
85+	0.00	0.000	0.00
001	0.00	0.000	0.00

(By Age Group)

Geographic Managed Care Plans (continued)

Geographic Managed Care Flans (Continued)			
Western Health Advantage, S		D (' O) ()	011 14 1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	63.79	0.000	63.79
1 to < 10	6.40	0.000	6.40
10 to < 20	19.94	0.362	19.57
20 to < 45	77.56	0.978	76.58
45 to < 65	86.82	0.000	86.82
65 to < 75	74.60	0.000	74.60
75 to < 85	66.58	0.000	66.58
85+	173.61	0.000	173.61
Health Net, Sacramento			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	51.54	0.000	51.54
1 to < 10	5.43	0.000	5.43
10 to < 20	13.37	1.319	12.05
20 to < 45	51.90	5.938	45.96
45 to < 65	43.08	0.076	43.00
65 to < 75	70.28	0.000	70.28
75 to < 85	44.26	0.000	44.26
85+	607.84		
	007.04	0.000	607.84
Kaiser, Sacramento	All IP Admits	Deviting Obstatuies	Othern March/Comm
Age Range in Years		Routine Obstetrics	Other Med/Surg
0 to < 1	46.73	0.000	46.73
1 to < 10	9.60	0.000	9.60
10 to < 20	14.44	0.073	14.37
20 to < 45	41.40	0.677	40.72
45 to < 65	81.39	0.000	81.39
65 to < 75	95.63	0.000	95.63
75 to < 85	91.64	0.000	91.64
85+	126.44	0.000	126.44
Blue Cross of California, Sac	ramento		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	114.51	0.000	114.51
1 to < 10	7.30	0.000	7.30
10 to < 20	14.18	0.538	13.65
20 to < 45	59.91	2.236	57.67
45 to < 65	66.72	0.000	66.72
65 to < 75	56.03	0.000	56.03
75 to < 85	62.68	0.000	62.68
85+	233.64	0.000	233.64
65.	200.04	0.000	200.04
	Two Plan Mod	el Plans	
Alameda Alliance for Health,	Δlameda		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	86.32	0.000	86.32
1 to < 10	6.91	0.000	6.91
10 to < 20	10.27	0.225	10.04
20 to < 45	20.28	1.412	18.86
45 to < 65	31.46	0.000	31.46
65 to < 75	48.92	0.000	48.92
75 to < 85	45.50	0.000	45.50
85+	67.45	0.000	67.45

(By Age Group)

D. 6 (6.116 : 4		ns (continueu)	
Blue Cross of California, A		5 6	0.11
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	180.30	0.000	180.30
1 to < 10	10.67	0.000	10.67
10 to < 20	20.03	1.990	18.04
20 to < 45	63.12	9.714	53.41
45 to < 65	94.78	0.000	94.78
65 to < 75	101.04	0.000	101.04
75 to < 85	56.44	0.000	56.44
85+	0.00	0.000	0.00
Contra Costa Health Plan,	Contra Costa		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	80.21	0.000	80.21
1 to < 10	6.08	0.000	6.08
10 to < 20	11.15	0.287	10.86
20 to < 45	49.48	1.920	47.56
45 to < 65	81.07	0.000	81.07
65 to < 75	90.84	0.000	90.84
75 to < 85	238.27	0.000	238.27
85+	128.12	0.000	128.12
Blue Cross of California, C			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	162.83	0.000	162.83
1 to < 10	9.28	0.000	9.28
10 to < 20	11.23	1.837	9.40
20 to < 45	47.39	13.968	33.42
45 to < 65	73.30	0.000	73.30
65 to < 75	556.89	0.000	556.89
75 to < 85	0.00	0.000	0.00
85+	0.00	0.000	0.00
Kern Family Health Care, K		0.000	0.00
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	112.01	0.000	112.01
1 to < 10	7.83	0.000	7.83
10 to < 20	20.00	1.311	18.69
20 to < 45	80.03	6.003	74.02
45 to < 65	115.28	0.000	115.28
65 to < 75	209.39	0.000	209.39
75 to < 85	565.22	0.000	565.22
85+	0.00	0.000	0.00
Blue Cross of California, K		Destine Obstation	O41 M1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	123.90	0.000	123.90
1 to < 10	7.75	0.000	7.75
10 to < 20	16.38	1.151	15.22
20 to < 45	70.01	3.873	66.13
45 to < 65	138.54	0.000	138.54
65 to < 75	126.98	0.000	126.98
75 to < 85	126.80	0.000	126.80
85+	136.99	0.000	136.99

LA CARE Health Plan, Lo	s Angeles	(00111111111111111111111111111111111111	
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	59.90	0.000	59.90
1 to < 10	6.21	0.000	6.21
10 to < 20	10.63	0.658	9.97
20 to < 45	37.62	3.158	34.46
45 to < 65	37.31	0.000	37.31
65 to < 75	68.46	0.000	68.46
75 to < 85	69.82	0.000	69.82
85+	147.90	0.000	147.90
Health Net, Los Angeles			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	58.43	0.000	58.43
1 to < 10	3.78	0.000	3.78
10 to < 20	8.53	0.424	8.10
20 to < 45	23.75	1.700	22.05
45 to < 65	23.23	0.000	23.23
65 to < 75	40.57	0.000	40.57
75 to < 85	67.70	0.000	67.70
85+	88.89	0.000	88.89
Inland Empire Health Plan			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	83.98	0.000	83.98
1 to < 10	11.72	0.000	11.72
10 to < 20	19.87	1.971	17.90
20 to < 45	96.45	9.337	87.12
45 to < 65	136.38	0.000	136.38
65 to < 75	105.56	0.000	105.56
75 to < 85	135.24	0.000	135.24
85+	523.61	0.000	523.61
Molina Health Care of Cal			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	54.05	0.000	54.05
1 to < 10	7.38	0.000	7.38
10 to < 20	11.98	0.866	11.12
20 to < 45	34.31	3.691	30.62
45 to < 65	57.36	0.000	57.36
65 to < 75	15.80	0.000	15.80
75 to < 85	94.49	0.000	94.49
85+	205.13	0.000	205.13
Inland Empire Health Plan			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	100.62	0.000	100.62
1 to < 10	16.17	0.000	16.17
10 to < 20	24.21	2.257	21.96
20 to < 45	97.52	8.872	88.65
45 to < 65	113.06	0.000	113.06
65 to < 75	141.14	0.000	141.14
75 to < 85	116.06	0.000	116.06
85+	298.25	0.000	298.25

(By Age Group)

Molina Health Care of California, San Bernardino				
	-	Davidina Obatatriaa	Other Mad/Com	
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	76.39	0.000	76.39	
1 to < 10	8.52	0.000	8.52	
10 to < 20	13.55	1.321	12.22	
20 to < 45	42.04	4.199	37.84	
45 to < 65	56.74	0.000	56.74	
65 to < 75	69.14	0.000	69.14	
75 to < 85	8.79	0.000	8.79	
85+	190.48	0.000	190.48	
San Francisco Health Plan,				
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	49.06	0.000	49.06	
1 to < 10	6.12	0.000	6.12	
10 to < 20	8.22	0.023	8.19	
20 to < 45	28.10	0.579	27.52	
45 to < 65	26.09	0.000	26.09	
65 to < 75	36.74	0.000	36.74	
75 to < 85	35.17	0.000	35.17	
85+	30.77	0.000	30.77	
Blue Cross of California, Sa	n Francisco			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	98.96	0.000	98.96	
1 to < 10	7.47	0.000	7.47	
10 to < 20	11.06	1.691	9.36	
20 to < 45	48.35	9.571	38.78	
45 to < 65	55.36	0.000	55.36	
65 to < 75	196.14	0.000	196.14	
75 to < 85	70.80	0.000	70.80	
85+	29.27	0.000	29.27	
Health Plan of San Joaquin	, San Joaquin			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	143.42	0.000	143.42	
1 to < 10	8.70	0.000	8.70	
10 to < 20	11.57	3.170	8.40	
20 to < 45	42.52	12.981	29.54	
45 to < 65	50.32	0.196	50.12	
65 to < 75	112.16	0.000	112.16	
75 to < 85	46.32	0.000	46.32	
85+	44.44	0.000	44.44	
Blue Cross of California, Sa	ın Joaquin			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	178.08	0.000	178.08	
1 to < 10	8.61	0.000	8.61	
10 to < 20	16.55	1.932	14.62	
20 to < 45	52.57	8.545	44.03	
45 to < 65	78.76	0.000	78.76	
65 to < 75	58.96	0.000	58.96	
75 to < 85	28.99	0.000	28.99	
85+	0.00	0.000	0.00	
* =	- 		2.30	

(By Age Group)

i wo Pian Model Pians (continued)			
Santa Clara Family Heal			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	61.83	0.000	61.83
1 to < 10	6.27	0.000	6.27
10 to < 20	15.78	2.461	13.32
20 to < 45	55.88	12.638	43.25
45 to < 65	41.87	0.070	41.80
65 to < 75	68.58	0.000	68.58
75 to < 85	67.36	0.000	67.36
85+	74.48	0.000	74.48
Blue Cross of California		0.000	77.70
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	80.34	0.000	80.34
1 to < 10	7.60	0.000	7.60
10 to < 20	10.25	0.489	9.76
20 to < 45	39.47	7.315	32.16
45 to < 65	35.49	0.251	35.24
65 to < 75	64.62	0.000	64.62
75 to < 85	65.53	0.000	65.53
85+	248.06	0.000	248.06
Blue Cross/Stanislaus L	ocal Initiative, Stanislaus		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	182.33	0.000	182.33
1 to < 10	8.95	0.000	8.95
10 to < 20	14.69	1.724	12.97
20 to < 45	52.62	4.619	48.00
45 to < 65	115.55	0.000	115.55
65 to < 75	77.83	0.000	77.83
75 to < 85	123.46	0.000	123.46
85+	0.00	0.000	0.00
		0.000	0.00
Blue Cross of California	All IP Admits	Routine Obstetrics	Other Med/Surg
Age Range in Years	118.17		118.17
0 to < 1		0.000	
1 to < 10	6.84	0.000	6.84
10 to < 20	12.53	1.792	10.74
20 to < 45	44.32	6.358	37.96
45 to < 65	57.99	0.095	57.89
65 to < 75	92.10	0.000	92.10
75 to < 85	56.12	0.000	56.12
85+	0.00	0.000	0.00
Health Net, Tulare			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	89.27	0.000	89.27
1 to < 10	7.38	0.000	7.38
10 to < 20	14.22	0.972	13.25
20 to < 45	57.77	3.301	54.47
45 to < 65	62.55	0.000	62.55
65 to < 75	14.71	0.000	14.71
75 to < 85	472.22	0.000	472.22
75 to < 65 85+			
00 +	0.00	0.000	0.00

(By Age Group)

Two Flatt wiodel Flatts (Continued)				
Blue Cross of California, F		5 6	011 14 110	
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	124.71	0.000	124.71	
1 to < 10	7.25	0.000	7.25	
10 to < 20	12.84	0.731	12.11	
20 to < 45	48.19	3.333	44.86	
45 to < 65	81.55	0.000	81.55	
65 to < 75	101.49	0.000	101.49	
75 to < 85	139.52	0.000	139.52	
85+	66.86	0.000	66.86	
Health Net, Fresno				
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	93.99	0.000	93.99	
1 to < 10	6.49	0.000	6.49	
10 to < 20	14.16	2.492	11.67	
20 to < 45	59.65	9.120	50.53	
45 to < 65	50.37	0.058	50.32	
65 to < 75	2.41	0.000	2.41	
75 to < 85	0.00	0.000	0.00	
85+	0.00	0.000	0.00	
00.	0.00	0.000	0.00	
C	ounty Organized Heal	Ith System Plans		
Santa Barbara Health Initia		•		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	41.21	0.000	41.21	
1 to < 10	3.91	0.000	3.91	
10 to < 20	10.28	0.404	9.88	
20 to < 45	32.98	2.142	30.84	
45 to < 65	46.62	0.000	46.62	
65 to < 75	38.79	0.000	38.79	
75 to < 85	56.16	0.000	56.16	
85+	47.78	0.000	47.78	
		0.000	47.70	
Health Plan of San Mateo, Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	53.20		53.20	
		0.000		
1 to < 10	6.38	0.000	6.38	
10 to < 20	15.58	0.546	15.04	
20 to < 45	47.83	2.843	44.98	
45 to < 65	63.19	0.000	63.19	
65 to < 75	17.22	0.000	17.22	
75 to < 85	18.46	0.000	18.46	
85+	20.87	0.000	20.87	
Partnership Health Plan of	•			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg	
0 to < 1	82.57	0.000	82.57	
1 to < 10	5.25	0.000	5.25	
10 to < 20	16.63	0.520	16.11	
20 to < 45	56.86	2.555	54.30	
45 to < 65	92.67	0.000	92.67	
65 to < 75	41.82	0.000	41.82	
75 to < 85	54.27	0.000	54.27	
85+	59.55	0.000	59.55	

(By Age Group)

County Organized Health System Plans (continued)

County Organized Health System Plans (continued)			
Partnership Health Plan o			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	140.79	0.000	140.79
1 to < 10	8.99	0.000	8.99
10 to < 20	21.48	1.217	20.26
20 to < 45	68.54	2.894	65.65
45 to < 65	102.59	0.000	102.59
65 to < 75	64.21	0.000	64.21
75 to < 85	58.13	0.000	58.13
85+	17.13		17.13
		0.000	17.13
Partnership Health Plan	All IP Admits	Dayting Obstatuing	Oth on Mod/Come
Age Range in Years 0 to < 1		Routine Obstetrics	Other Med/Surg
	68.64	0.000	68.64
1 to < 10	7.42	0.000	7.42
10 to < 20	12.32	0.263	12.06
20 to < 45	46.12	1.676	44.45
45 to < 65	43.35	0.000	43.35
65 to < 75	20.94	0.000	20.94
75 to < 85	19.52	0.000	19.52
85+	10.23	0.000	10.23
CalOPTIMA, Orange			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	77.69	0.000	77.69
1 to < 10	10.06	0.000	10.06
10 to < 20	17.59	0.402	17.19
20 to < 45	66.41	1.788	64.62
45 to < 65	89.29	0.000	89.29
65 to < 75	27.64	0.000	27.64
75 to < 85	26.46	0.000	26.46
85+	23.48	0.000	23.48
Central Coast Alliance fo		0.000	25.40
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	152.79	0.102	152.69
1 to < 10	7.20	0.000	7.20
10 to < 20	16.79	2.229	14.56
20 to < 45	55.46	7.002	48.46
45 to < 65	103.68	0.000	103.68
65 to < 75	99.43	0.000	99.43
75 to < 85	109.15	0.000	109.15
85+	130.10	0.000	130.10
Central Coast Alliance fo			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	131.31	0.043	131.27
1 to < 10	10.07	0.000	10.07
10 to < 20	16.56	3.266	13.29
20 to < 45	52.51	9.027	43.49
45 to < 65	106.17	0.030	106.14
65 to < 75	67.21	0.000	67.21
75 to < 85	100.82	0.000	100.82
85+	96.85	0.000	96.85
	00.00	0.000	22.50

(By Aid Code Range)

Overall Totals

	O voi aii i otaio		
All Medi-Cal			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	36.00	4.61	31.39
Youth Related	19.98	0.58	19.40
Aged, Blind, Disabled	78.57	0.15	78.41
Other Aid Codes	82.94	1.70	81.24
Medi-Cal Fee-For-Service Program	1		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	58.15	9.71	48.44
Youth Related	23.22	0.60	22.62
Aged, Blind, Disabled	73.21	0.14	73.06
Other Aid Codes	78.86	1.73	77.13
Medi-Cal Managed Care (selected	plans)		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	21.07	1.29	19.79
Youth Related	15.23	0.54	14.69
Aged, Blind, Disabled	85.82	0.20	85.62
Other Aid Codes	157.50	0.92	156.59
Geographic Managed Care			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	22.92	0.81	22.11
Youth Related	14.77	0.38	14.39
Aged, Blind, Disabled	112.25	0.14	112.11
Other Aid Codes	371.43	114.29	257.14
Two Plan Model			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	20.35	1.37	18.98
Youth Related	12.34	0.59	11.75
Aged, Blind, Disabled	117.64	0.52	117.12
Other Aid Codes	457.06	9.20	447.85
County Organized Health Systems	;		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	23.99	1.17	22.83
Youth Related	27.19	0.39	26.80
Aged, Blind, Disabled	65.42	0.03	65.39
Other Aid Codes	143.05	0.00	143.05
All Other Plan Codes			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	19.46	3.30	16.15
Youth Related	16.37	1.85	14.52
Aged, Blind, Disabled	52.73	0.09	52.65
Other Aid Codes	29.41	0.00	29.41

(By Aid Code Range)

Geographic Managed Care Plans

Sharp Health Plan, San Diego	ograpino managea oc	iic i iuiis	
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	26.40	0.49	25.91
Youth Related	15.76	0.30	15.46
Aged, Blind, Disabled	123.05	0.08	122.97
Other Aid Codes	0.00	0.00	0.00
Universal Care, San Diego	0.00	0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	25.66	1.18	24.48
Youth Related	13.80	0.00	13.80
Aged, Blind, Disabled	210.25	0.00	210.25
Other Aid Codes	0.00	0.00	0.00
Community Health Group, San Dieg		0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	17.19	0.34	16.85
Youth Related	9.81	0.07	9.74
Aged, Blind, Disabled	119.15	0.00	119.15
Other Aid Codes	250.00	0.00	250.00
Blue Cross of California, San Diego		0.00	200.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	29.73	1.67	28.06
Youth Related	20.65	0.64	20.01
Aged, Blind, Disabled	135.50	0.48	135.02
Other Aid Codes	375.00	0.00	375.00
University of Cal-San Diego Health		0.00	0.0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	21.03	0.52	20.50
Youth Related	15.72	0.54	15.18
Aged, Blind, Disabled	107.54	0.00	107.54
Other Aid Codes	266.67	266.67	0.00
Health Net, San Diego			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	34.72	1.24	33.47
Youth Related	14.80	0.62	14.18
Aged, Blind, Disabled	168.13	0.00	168.13
Other Aid Codes	0.00	0.00	0.00
Kaiser Foundation Health Plan, Sar	n Diego		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	20.18	0.20	19.98
Youth Related	17.08	0.00	17.08
Aged, Blind, Disabled	107.05	0.00	107.05
Other Aid Codes	0.00	0.00	0.00
Molina Health Care of California, Sa	acramento		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	13.82	1.43	12.38
Youth Related	14.58	1.35	13.23
Aged, Blind, Disabled	40.41	0.13	40.28
Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

Geographic Managed Care (continued)

Western Health Advantage, Sacramento Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	25.80	0.31	25.48
Youth Related	16.32	1.19	15.13
Aged, Blind, Disabled	147.27	0.58	146.69
Other Aid Codes	0.00	0.00	0.00
Health Net, Sacramento			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	21.32	1.99	19.33
Youth Related	16.35	0.94	15.41
Aged, Blind, Disabled	80.76	0.58	80.17
Other Aid Codes	0.00	0.00	0.00
Kaiser, Sacramento			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	17.85	0.24	17.60
Youth Related	18.90	0.25	18.65
Aged, Blind, Disabled	85.38	0.05	85.33
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Sacramento			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	26.74	0.84	25.91
Youth Related	15.79	0.39	15.40
Aged, Blind, Disabled	121.52	0.07	121.45
Other Aid Codes	0.00	0.00	0.00
Tv	vo Plan Model Pla	ne	
Alameda Alliance for Health, Alameda	vo i iuii iviouci i ic	1113	
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	12.93	0.46	12.47
Youth Related	9.37		
		0.06	9.31
Aged, Blind, Disabled		0.06 0.11	9.31 70.86
Aged, Blind, Disabled Other Aid Codes	70.97	0.11	70.86
Other Aid Codes			
•	70.97	0.11	70.86
Other Aid Codes Blue Cross of California, Alameda	70.97 0.00	0.11 0.00	70.86 0.00
Other Aid Codes Blue Cross of California, Alameda Aid Code Category	70.97 0.00 All IP Admits	0.11 0.00 Routine Obstetrics	70.86 0.00 Other Med/Surg
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family	70.97 0.00 All IP Admits 31.51	0.11 0.00 Routine Obstetrics 3.32	70.86 0.00 Other Med/Surg 28.19
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related	70.97 0.00 All IP Admits 31.51 28.17	0.11 0.00 Routine Obstetrics 3.32 0.60	70.86 0.00 Other Med/Surg 28.19 27.57
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78	70.86 0.00 Other Med/Surg 28.19 27.57 216.29
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78	70.86 0.00 Other Med/Surg 28.19 27.57 216.29
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78 0.00	70.86 0.00 Other Med/Surg 28.19 27.57 216.29 0.00
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78 0.00 Routine Obstetrics 0.61 0.22	70.86 0.00 Other Med/Surg 28.19 27.57 216.29 0.00 Other Med/Surg 19.03 9.74
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00 All IP Admits 19.64	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78 0.00 Routine Obstetrics 0.61	70.86 0.00 Other Med/Surg 28.19 27.57 216.29 0.00 Other Med/Surg 19.03
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00 All IP Admits 19.64 9.97	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78 0.00 Routine Obstetrics 0.61 0.22	70.86 0.00 Other Med/Surg 28.19 27.57 216.29 0.00 Other Med/Surg 19.03 9.74
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00 All IP Admits 19.64 9.97 129.83	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78 0.00 Routine Obstetrics 0.61 0.22 0.05	70.86 0.00 Other Med/Surg 28.19 27.57 216.29 0.00 Other Med/Surg 19.03 9.74 129.78
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00 All IP Admits 19.64 9.97 129.83 157.89	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78 0.00 Routine Obstetrics 0.61 0.22 0.05 0.00 Routine Obstetrics	70.86 0.00 Other Med/Surg 28.19 27.57 216.29 0.00 Other Med/Surg 19.03 9.74 129.78 157.89
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00 All IP Admits 19.64 9.97 129.83 157.89 All IP Admits 29.47	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78 0.00 Routine Obstetrics 0.61 0.22 0.05 0.00 Routine Obstetrics 3.62	70.86 0.00 Other Med/Surg 28.19 27.57 216.29 0.00 Other Med/Surg 19.03 9.74 129.78 157.89 Other Med/Surg 25.85
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family Youth Related	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00 All IP Admits 19.64 9.97 129.83 157.89 All IP Admits 29.47 26.60	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78 0.00 Routine Obstetrics 0.61 0.22 0.05 0.00 Routine Obstetrics 3.62 1.51	70.86 0.00 Other Med/Surg 28.19 27.57 216.29 0.00 Other Med/Surg 19.03 9.74 129.78 157.89 Other Med/Surg 25.85 25.09
Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family	70.97 0.00 All IP Admits 31.51 28.17 218.07 0.00 All IP Admits 19.64 9.97 129.83 157.89 All IP Admits 29.47	0.11 0.00 Routine Obstetrics 3.32 0.60 1.78 0.00 Routine Obstetrics 0.61 0.22 0.05 0.00 Routine Obstetrics 3.62	70.86 0.00 Other Med/Surg 28.19 27.57 216.29 0.00 Other Med/Surg 19.03 9.74 129.78 157.89 Other Med/Surg 25.85

(By Aid Code Range)

Two Plan Model (continued)

	i wo Piani Model (Conti	iliueu)	
Kern Family Health Care, Kern			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	32.99	1.83	31.17
Youth Related	33.34	2.08	31.26
Aged, Blind, Disabled	189.44	1.27	188.16
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Kern			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	29.55	1.44	28.11
Youth Related	16.55	0.92	15.63
Aged, Blind, Disabled	183.39	0.74	182.65
Other Aid Codes	0.00	0.00	0.00
LA CARE Health Plan, Los Angeles			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	16.92	0.96	15.96
Youth Related	9.25	0.30	8.95
Aged, Blind, Disabled	110.02	0.27	109.74
Other Aid Codes	63.83	0.00	63.83
Health Net, Los Angeles	33.33	0.00	00.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	11.40	0.54	10.87
Youth Related	5.99	0.22	5.77
Aged, Blind, Disabled	87.66	0.05	87.62
Other Aid Codes	268.29	48.78	219.51
Inland Empire Health Plan, Riversion		10.70	210.01
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	40.52	2.81	37.71
Youth Related	28.49	1.61	26.88
Aged, Blind, Disabled	138.62	0.91	137.71
Other Aid Codes	5,333.33	0.00	5,333.33
Molina Health Care of California, R		0.00	0,000.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	17.87	1.05	16.82
Youth Related	15.61	0.65	14.97
Aged, Blind, Disabled	116.72	0.62	116.10
Other Aid Codes	0.00	0.00	0.00
Inland Empire Health Plan, San Be		0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	41.97	2.87	39.10
Youth Related	36.44	1.35	35.10
Aged, Blind, Disabled	162.34	0.94	161.40
Other Aid Codes	100.00	0.00	100.00
Molina Health Care of California, S		0.00	100.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	20.54	1.37	19.18
Youth Related	17.80	0.87	16.93
Aged, Blind, Disabled	107.75	0.66	107.09
Other Aid Codes	0.00	0.00	0.00
Other Ald Codes	0.00	0.00	0.00

(By Aid Code Range)

Two Plan Model (continued)

Con Eronoisee Heelth Dien, Con Er	anciaca	inded)	
San Francisco Health Plan, San Fr		D 11 01 1 1 1	011 14 1/0
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	14.52	0.18	14.34
Youth Related	5.27	0.00	5.27
Aged, Blind, Disabled	64.45	0.00	64.45
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, San Fran			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	25.40	3.31	22.09
Youth Related	3.69	0.00	3.69
Aged, Blind, Disabled	122.79	2.98	119.80
Other Aid Codes	0.00	0.00	0.00
Health Plan of San Joaquin, San J	•		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	22.88	4.34	18.55
Youth Related	22.79	2.85	19.94
Aged, Blind, Disabled	79.10	1.79	77.31
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, San Joac	Juin		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	30.44	2.94	27.50
Youth Related	18.37	1.53	16.84
Aged, Blind, Disabled	124.85	0.11	124.75
Other Aid Codes	0.00	0.00	0.00
Santa Clara Family Health Plan, Sa	anta Clara		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	24.47	3.77	20.71
Youth Related	14.66	1.41	13.25
Aged, Blind, Disabled	95.69	1.08	94.61
Other Aid Codes	333.33	0.00	333.33
Blue Cross of California, Santa Cla	ara		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	20.04	2.08	17.96
Youth Related	7.87	0.25	7.62
Aged, Blind, Disabled	102.86	0.44	102.42
Other Aid Codes	0.00	0.00	0.00
Blue Cross/Stanislaus Local Initia	tive, Stanislaus		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	28.52	1.78	26.74
Youth Related	17.01	1.27	15.74
Aged, Blind, Disabled	161.69	0.14	161.54
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California LI, Tulare			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	23.10	2.12	20.98
Youth Related	13.79	2.09	11.70
Aged, Blind, Disabled	130.40	0.37	130.03
Other Aid Codes	0.00	0.00	0.00
2 2 2 3 4 0 0	0.00	0.00	0.00

(By Aid Code Range)

Two Plan Model (continued)

Health Net, Tulare			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	26.13	1.05	25.08
Youth Related	24.48	1.46	23.02
Aged, Blind, Disabled	96.43	0.29	96.14
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Fresno			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	22.90	1.06	21.84
Youth Related	22.98	1.04	21.94
Aged, Blind, Disabled	142.56	0.38	142.19
Other Aid Codes	900.00	0.00	900.00
Health Net, Fresno			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	25.56	2.95	22.61
Youth Related	20.68	2.08	18.59
Aged, Blind, Disabled	109.79	0.83	108.96
Other Aid Codes	0.00	0.00	0.00
Cour	nty Organized Health Sy	vstem Plans	
Santa Barbara Health Initiative, Sa	, ,	y o to m r namo	
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	14.22	0.80	13.42
Youth Related	16.64	0.31	16.33
Aged, Blind, Disabled	48.99	0.06	48.93
Other Aid Codes	16.41	0.00	16.41
Health Plan of San Mateo, San Ma	iteo		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	20.49	1.10	19.40
Youth Related	20.35	0.15	20.20
Aged, Blind, Disabled	34.60	0.04	34.56
Other Aid Codes	131.65	0.00	131.65
Partnership Health Plan of Califor	nia, Solano		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	26.13	1.15	24.98
Youth Related	28.27	0.22	28.05
Aged, Blind, Disabled	68.12	0.07	68.05
Other Aid Codes	30.93	0.00	30.93
Partnership Health Plan of Califor	nia, Napa		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	38.02	1.49	36.53
Youth Related	25.99	0.31	25.68
Aged, Blind, Disabled	77.34	0.00	77.34
Other Aid Codes	87.38	0.00	87.38
Partnership Health Plan of Califor	nia, Yolo		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	20.42	0.65	19.77
Youth Related	18.26	0.18	18.08
Aged, Blind, Disabled	42.07	0.08	42.00
Other Aid Codes	170.40	0.00	170.40

(By Aid Code Range)

County Organized Health Systems (continued)

CalOPTIMA, Orang	е
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All IP Admits	Routine Obstetrics	Other Med/Surg
24.28	0.60	23.68
29.12	0.17	28.95
65.76	0.00	65.76
182.14	0.00	182.14
a Cruz		
All IP Admits	Routine Obstetrics	Other Med/Surg
28.41	3.14	25.27
31.86	1.05	30.81
114.26	0.04	114.22
83.67	0.00	83.67
terey		
All IP Admits	Routine Obstetrics	Other Med/Surg
29.05	3.38	25.67
31.03	1.92	29.12
103.27	0.16	103.11
139.48	0.00	139.48
	29.12 65.76 182.14 a Cruz All IP Admits 28.41 31.86 114.26 83.67 terey All IP Admits 29.05 31.03 103.27	24.28 0.60 29.12 0.17 65.76 0.00 182.14 0.00 a Cruz All IP Admits Routine Obstetrics 28.41 3.14 31.86 1.05 114.26 0.04 83.67 0.00 terey All IP Admits Routine Obstetrics 29.05 3.38 31.03 1.92 103.27 0.16

Overall Totals

All Medi-Cal	O VOI am Totalo	•	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	48.52	1.81	46.71
Hispanic	38.35	4.53	33.82
Black	50.88	1.65	49.23
Asian & Pacific Islander	38.30	1.75	36.55
Native American/Alaskan	57.80	3.18	54.62
Other	54.60	0.46	54.14
Missing/Invalid	117.99	3.41	114.58
Medi-Cal Fee-For-Service Program			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	56.06	2.18	53.89
Hispanic	58.12	8.29	49.83
Black	86.35	2.19	84.16
Asian & Pacific Islander	57.52	2.76	54.76
Native American/Alaskan	62.68	3.70	58.98
Other	59.63	0.48	59.15
Missing/Invalid	82.18	3.68	78.50
Medi-Cal Managed Care (selected	plans)		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	36.97	1.24	35.74
Hispanic	20.61	1.15	19.46
Black	29.37	1.33	28.04
Asian & Pacific Islander	20.77	0.83	19.93
Native American/Alaskan	46.15	1.72	44.43
Other	37.65	0.41	37.24
Missing/Invalid	97.96	0.24	97.72
Geographic Managed Care			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	31.80	0.77	31.03
Hispanic	21.84	0.72	21.12
Black	32.96	0.82	32.14
Asian & Pacific Islander	20.11	0.73	19.38
Native American/Alaskan	66.32	0.70	65.61
Other	64.14	0.00	64.14
Missing/Invalid	141.70	0.04	141.65
Two Plan Model			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	34.14	1.60	32.54
Hispanic	18.97	1.21	17.76
Black	27.71	1.45	26.26
Asian & Pacific Islander	17.35	1.02	16.32
Native American/Alaskan	41.75	2.26	39.49
Other	34.34	0.83	33.51
Missing/Invalid	107.75	0.46	107.29
County Organized Health Systems	S		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	47.87	0.65	47.22
Hispanic	29.07	1.02	28.05
Black	41.77	0.87	40.90
Asian & Pacific Islander	29.92	0.40	29.52
Native American/Alaskan	47.81	0.13	47.67
Other	39.00	0.00	39.00
Missing/Invalid	79.07	0.05	79.02

Overall Totals (continued)

Ethnic Group All IIP Routine Obstetrics Other Med/Surg White 36.06 2.32 33.74 Hispanic 21.17 1.84 19.33 Black 50.54 0.57 49.97 Asian & Pacific Islander 15.73 1.110 14.63 Native American/Alaskan 44.72 6.92 37.81 Other 25.22 0.00 25.22 Missing/Invalid 51.71 0.00 51.71 **Total Caregoraphic Managed Care Plans** **Sharp Health Plan, San Diego** **Ethnic Group All IIP Routine Obstetrics Other Med/Surg White 33.40 0.68 32.72 Hispanic 26.28 0.35 25.93 Black 25.09 0.46 24.63 Asian & Pacific Islander 21.50 0.37 21.12 Native American/Alaskan 33.36 0.00 33.36 Other 41.14 0.00 14.14 Missing/Invalid 201.64 0.00 201.64 Universal Care, San Diego** Ethnic Group All IIP Routine Obstetrics White 30.12 0.45 29.68 Hispanic 26.07 1.46 24.61 Black 40.23 0.38 39.85 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 38.48 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 38.48 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 33.43 Other 0.00 0.00 0.00 Missing/Invalid 334.33 0.00 334.33 Other 27.46 0.28 27.18 Hispanic 27.46 0.28 27.18 Hispanic 17.91 0.34 17.78 Black 29.66 0.34 29.32 Asian & Pacific Islander 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 29.66 0.34 29.32 Asian & Pacific Islander 20.21 0.12 20.09 White 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 29.66 0.34 29.32 Asian & Pacific Islander 36.53 0.00 56.53 Black 29.66 0.34 29.32 Asian & Pacific Islander 36.53 0.00 56.53 Black 29.66 0.34 29.32 Asian & Pacific Islander 36.53 0.00 56.53 Black 29.66 0.34 29.32 Asian & Pacific Islander 36.53 0.00 56.53 Black 29.66 0.34 29.32 Asian & Pacific Islander 36.53 0.00 56.5	All Other Plan Codes	rotali rotalio (com		
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Ethnic Group All IP Routine Obstetrics Other Med/Surg White 33.40 0.68 32.72 Hispanic 26.28 0.35 25.93 Black 25.09 0.46 24.63 Asian & Pacific Islander 21.50 0.37 21.12 Native American/Alaskan 33.36 0.00 33.36 Other 14.14 0.00 14.14 Missing/Invalid 201.64 0.00 201.64 Universal Care, San Diego All IIP Routine Obstetrics Other Med/Surg White 30.12 0.45 29.68 Hispanic 26.07 1.46 24.61 Black 40.23 0.38 39.85 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 18.48 Other 0.00 0.00 33.43 Community Health Group, San Diego Ethnic Group All IIP Routine Obstetrics Other Med/Surg White	Geog	graphic Managed C	Care Plans	
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Asian & Pacific Islander 21.50 0.37 21.12 Native American/Alaskan 33.36 0.00 33.36 Other 14.14 0.00 14.14 Missing/Invalid 201.64 0.00 201.64 Universal Care, San Diego Ethnic Group All IP Routine Obstetrics Other Med/Surg White 30.12 0.45 29.68 Hispanic 26.07 1.46 24.61 Black 40.23 0.38 39.85 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 18.48 Other 0.00 0.00 30.0 34.33 Native American/Alaskan 18.48 0.00 0.00 34.33 Community Health Group, San Diego All IP Routine Obstetrics Other Med/Surg White 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 20.21 0.12 20.09	Hispanic	26.28	0.35	25.93
Native American/Alaskan 33.36 0.00 33.36 Other 14.14 0.00 14.14 Missing/Invalid 201.64 0.00 201.64 Universal Care, San Diego Ethnic Group All IP Routine Obstetrics Other Med/Surg White 30.12 0.45 29.68 Hispanic 26.07 1.46 24.61 Black 40.23 0.38 39.85 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 18.48 Other 0.00 0.00 0.00 Missing/Invalid 334.33 0.00 334.33 Community Health Group, San Diego All IP Routine Obstetrics Other Med/Surg White 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 29.66 0.34 29.52 Asian & Pacific Islander 20.21 0.12 20.09 Native American/Alaskan	Black	25.09	0.46	24.63
Other 14.14 0.00 14.14 Missing/Invalid 201.64 0.00 201.64 Universal Care, San Diego All IP Routine Obstetrics Other Med/Surg White 30.12 0.45 29.68 Hispanic 26.07 1.46 24.61 Black 40.23 0.38 39.85 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 18.48 Other 0.00 0.00 0.00 34.33 Community Health Group, San Diego All IP Routine Obstetrics Other Med/Surg White 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 29.66 0.34 29.32 Asian & Pacific Islander 20.21 0.12 20.09 Native American/Alaskan 21.57 0.00 21.57 Other 56.53 0.00 56.53 Missing/Invalid 164.79 <	Asian & Pacific Islander	21.50	0.37	21.12
Missing/Invalid 201.64 0.00 201.64 Universal Care, San Diego All IP Routine Obstetrics Other Med/Surg White 30.12 0.45 29.68 Hispanic 26.07 1.46 24.61 Black 40.23 0.38 39.85 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 18.48 Other 0.00 0.00 0.00 Missing/Invalid 334.33 0.00 334.33 Community Health Group, San Diego Ethnic Group All IP Routine Obstetrics Other Med/Surg White 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 29.66 0.34 29.32 Asian & Pacific Islander 20.21 0.12 20.09 Native American/Alaskan 21.57 0.00 21.57 Other 56.53 0.00 56.53 Missing/Invalid 16	Native American/Alaskan	33.36	0.00	33.36
Ethnic Group	Other	14.14	0.00	14.14
Ethnic Group	Missing/Invalid	201.64	0.00	201.64
Ethnic Group All IP Routine Obstetrics Other Med/Surg White 30.12 0.45 29.68 Hispanic 26.07 1.46 24.61 Black 40.23 0.38 39.85 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 0.00 Missing/Invalid 334.33 0.00 0.00 Missing/Invalid 334.33 0.00 334.33 Community Health Group, San Diego All IP Routine Obstetrics Other Med/Surg White 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 29.66 0.34 29.32 Asian & Pacific Islander 20.21 0.12 20.09 Native American/Alaskan 21.57 0.00 21.57 Other 56.53 0.00 56.53 Missing/Invalid 164.79 0.00 164.79 Blue Cross of California, San Diego All IP				
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Black 40.23 0.38 39.85 Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 18.48 Other 0.00 0.00 0.00 Missing/Invalid 334.33 0.00 334.33 Community Health Group, San Diego Ethnic Group All IP Routine Obstetrics Other Med/Surg White 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 29.66 0.34 29.32 Asian & Pacific Islander 20.21 0.12 20.09 Native American/Alaskan 21.57 0.00 21.57 Other 56.53 0.00 56.53 Missing/Invalid 164.79 0.00 164.79 Blue Cross of California, San Diego Ethnic Group All IP Routine Obstetrics Other Med/Surg White 30.59 1.02 29.57 Hispanic 24.47 1.63	Hispanic	26.07	1.46	24.61
Asian & Pacific Islander 34.94 0.59 34.35 Native American/Alaskan 18.48 0.00 18.48 Other 0.00 0.00 0.00 Missing/Invalid 334.33 0.00 334.33 Community Health Group, San Diego Ethnic Group All IP Routine Obstetrics Other Med/Surg White 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 29.66 0.34 29.32 Asian & Pacific Islander 20.21 0.12 20.09 Native American/Alaskan 21.57 0.00 21.57 Other 56.53 0.00 56.53 Missing/Invalid 164.79 0.00 164.79 Blue Cross of California, San Diego Ethnic Group All IP Routine Obstetrics Other Med/Surg White 30.59 1.02 29.57 Hispanic 24.47 1.63 22.84 Black 49.89 1.56 48.32<	•	40.23	0.38	39.85
Native American/Alaskan 18.48 0.00 18.48 Other 0.00 0.00 0.00 Missing/Invalid 334.33 0.00 334.33 Community Health Group, San Diego Ethnic Group All IP Routine Obstetrics Other Med/Surg White 27.46 0.28 27.18 Hispanic 17.91 0.34 17.57 Black 29.66 0.34 29.32 Asian & Pacific Islander 20.21 0.12 20.09 Native American/Alaskan 21.57 0.00 21.57 Other 56.53 0.00 56.53 Missing/Invalid 164.79 0.00 164.79 Blue Cross of California, San Diego Ethnic Group All IP Routine Obstetrics Other Med/Surg White 30.59 1.02 29.57 Hispanic 24.47 1.63 22.84 Black 49.89 1.56 48.32 Asian & Pacific Islander 28.81 3.07				
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Native American/Alaskan 0.00 0.00 0.00 Other 0.00 0.00 0.00				
Other 0.00 0.00 0.00				
Missing/Invalid 208.23 0.00 208.23				
	Missing/Invalid	208.23	0.00	208.23

Geographic Managed Care Plans (continued)

University of Cal-San Diego Health	th Plan	iano (continuca)	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	32.87	0.54	32.33
Hispanic	17.93	0.56	17.37
Black	25.75	0.49	25.26
Asian & Pacific Islander	27.53	0.39	27.14
Native American/Alaskan	34.27	0.00	34.27
Other	0.00	0.00	0.00
Missing/Invalid	179.92	0.00	179.92
Health Net, San Diego			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	45.94	1.99	43.95
Hispanic	24.24	0.79	23.45
Black	35.42	0.50	34.92
Asian & Pacific Islander	63.28	1.36	61.92
Native American/Alaskan	14.71	0.00	14.71
Other	0.00	0.00	0.00
Missing/Invalid	261.04	0.00	261.04
Kaiser Foundation Health Plan, S	an Diego		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	37.94	0.07	37.87
Hispanic	18.34	0.16	18.18
Black	33.94	0.30	33.65
Asian & Pacific Islander	43.84	0.26	43.58
Native American/Alaskan	88.02	0.00	88.02
Other	121.43	0.00	121.43
Missing/Invalid	117.39	0.00	117.39
Molina Health Care of California,			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	16.89	1.97	14.92
Hispanic	12.20	1.22	10.98
Black	18.04	1.24	16.80
Asian & Pacific Islander	13.16	1.01	12.15
Native American/Alaskan	10.35	0.00	10.35
Other	9.59	0.00	9.59
Missing/Invalid	45.07	0.00	45.07
Western Health Advantage, Sacra		D (' 0) (()	011 14 1/0
Ethnic Group White	All IP 47.87	Routine Obstetrics 0.40	Other Med/Surg 47.47
Hispanic	22.32	0.49	21.84
Black Asian & Pacific Islander	32.26	0.38	31.88 32.99
Native American/Alaskan	33.18 95.93	0.18	
Other	186.10	0.00 0.00	95.93 186.10
Missing/Invalid	100.00	0.00	100.00
Health Net, Sacramento Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	33.30	2.15	31.15
Hispanic	18.30	1.90	16.40
Black	36.35	2.89	33.47
Asian & Pacific Islander	13.56	1.32	12.24
Native American/Alaskan	28.35	3.07	25.29
Other	98.34	0.00	98.34
Missing/Invalid	85.86	0.70	85.15
iviiooii ig/iiivaiia	00.00	0.70	00.10

(By Ethnicity)

Geographic Managed Care Plans (continued)

Geograpi	nic Managed Care P	ians (continued)	
Kaiser, Sacramento			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	32.64	0.12	32.52
Hispanic	19.08	0.51	18.57
Black	25.90	0.27	25.63
Asian & Pacific Islander	22.97	0.04	22.92
Native American/Alaskan	5.93	0.00	5.93
Other	49.52	0.00	49.52
Missing/Invalid	83.53	0.00	83.53
Blue Cross of California, Sacram		0.00	00.00
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	29.60	0.66	28.94
Hispanic	28.32	1.22	27.10
Black	44.04	0.77	43.28
Asian & Pacific Islander	20.48	0.62	19.87
Native American/Alaskan	141.40	1.25	140.15
Other		0.00	48.10
	48.10		
Missing/Invalid	129.24	0.00	129.24
	Two Plan Model F	Plans	
Alameda Alliance for Health, Ala			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	21.58	0.35	21.22
Hispanic	12.48	0.31	12.17
Black	18.60	0.57	18.04
Asian & Pacific Islander	11.51	0.34	11.17
Native American/Alaskan	38.41	0.00	38.41
Other	22.30	0.00	22.30
Missing/Invalid	116.42	0.00	116.42
Blue Cross of California, Alamed		5 61	011 14 1/0
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	37.36	1.85	35.51
Hispanic	42.80	2.31	40.49
Black	43.70	4.38	39.32
Asian & Pacific Islander	26.75	2.11	24.64
Native American/Alaskan	28.81	11.86	16.95
Other	42.81	0.00	42.81
Missing/Invalid	178.59	0.00	178.59
Contra Costa Health Plan, Contra	a Costa		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	39.22	0.39	38.83
Hispanic	17.91	0.37	17.54
Black	30.07	0.96	29.11
Asian & Pacific Islander	16.53	0.34	16.19
Native American/Alaskan	37.94	0.00	37.94
Other	200.27	0.00	200.27
Missing/Invalid	99.47	0.00	99.47
3 3 3	33	0.00	33.17

Blue Cross of California, Contra Costa		(John Market)	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	29.64	3.58	26.06
Hispanic	23.42	2.09	21.33
Black	40.97	5.13	35.83
Asian & Pacific Islander	30.39	2.84	27.54
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	66.36	3.69	62.67
Kern Family Health Care, Kern			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	55.97	2.27	53.70
Hispanic	30.79	1.62	29.17
Black	50.17	2.29	47.89
Asian & Pacific Islander	45.99	1.89	44.10
Native American/Alaskan	78.06	0.00	78.06
Other	412.37	0.00	412.37
Missing/Invalid	123.24	0.00	123.24
Blue Cross of California, Kern			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	56.71	1.38	55.33
Hispanic	25.65	1.30	24.35
Black	48.87	1.68	47.19
Asian & Pacific Islander	33.69	0.85	32.84
Native American/Alaskan	98.40	6.63	91.76
Other	48.43	0.00	48.43
Missing/Invalid	156.47	0.00	156.47
LA CARE Health Plan, Los Angeles			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	20.91	0.68	20.23
Hispanic	16.09	0.88	15.21
Black	25.12	1.11	24.00
Asian & Pacific Islander	19.52	0.64	18.88
Native American/Alaskan	21.35	1.26	20.10
Other	26.71	1.28	25.44
Missing/Invalid	68.97	0.73	68.24
Health Net, Los Angeles			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	20.41	0.55	19.86
Hispanic	10.64	0.50	10.14
Black	18.11	0.58	17.53
Asian & Pacific Islander	8.12	0.18	7.94
Native American/Alaskan	20.42	1.69	18.73
Other	17.06	0.42	16.63
Missing/Invalid	65.34	0.31	65.03
Inland Empire Health Plan, Riverside		5 6 1	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	49.68	2.61	47.07
Hispanic	38.19	2.56	35.63
Black	42.21	3.36	38.84
Asian & Pacific Islander	43.05	2.36	40.69
Native American/Alaskan	56.85	2.98	53.87
Other	62.45	1.73	60.71
Missing/Invalid	179.88	0.00	179.88

Ethnic Group	Molina Health Care of California, I	Riverside	oonanada,	
Hispanic 15.57	Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
Black	White	22.94	1.38	21.56
Asian & Pacific Islander	Hispanic			
Native American/Alaskan 71.53 0.49 71.05 Other 49.34 0.00 49.34 187.19 0.00 187.19 Inland Empire Health Plan, San Bernardino				
Other Inland Empire Health Plan, San Bernardino Ethnic Group White All IP (19 a) Routine Obstetrics (27 a) Other Med/Surg (27 a) 49.34 (27 a) 49.34 (27 a) 49.34 (27 a) 49.01 (27 a) 39.45 (2) 2.72 (2) 52.24 (2) 52.24 (2) 45.24 (2) 45.24 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25 (2) 45.25	Asian & Pacific Islander			
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Ethic Group			0.00	187.19
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Black 25.20 4.06 21.15 Asian & Pacific Islander 18.53 2.89 15.64 Native American/Alaskan 37.66 5.79 31.87 Other 23.77 0.00 23.77	White	34.01	5.27	28.75
Asian & Pacific Islander 18.53 2.89 15.64 Native American/Alaskan 37.66 5.79 31.87 Other 23.77 0.00 23.77	Hispanic	24.94	4.42	20.52
Native American/Alaskan 37.66 5.79 31.87 Other 23.77 0.00 23.77	Black	25.20	4.06	21.15
Other 23.77 0.00 23.77	Asian & Pacific Islander	18.53	2.89	15.64
	Native American/Alaskan	37.66	5.79	31.87
Missing/Invalid 110.84 0.27 110.57	Other	23.77	0.00	23.77
	Missing/Invalid	110.84	0.27	110.57

Blue Cross of California, San Joaquir	1	(oontinada)	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	41.70	3.27	38.42
Hispanic	29.57	2.82	26.75
Black	31.63	1.76	29.87
Asian & Pacific Islander	22.57	2.91	19.66
Native American/Alaskan	28.73	0.00	28.73
Other	129.31	0.00	129.31
Missing/Invalid	111.27	0.46	110.80
Santa Clara Family Health Plan, Santa			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	35.82	3.92	31.90
Hispanic	24.47	3.65	20.82
Black	36.56	3.10	33.46
Asian & Pacific Islander	17.51	2.78	14.73
Native American/Alaskan	62.25	1.66	60.60
Other	115.38	0.00	115.38
Missing/Invalid	167.48	0.47	167.01
Blue Cross of California, Santa Clara			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	35.79	1.98	33.80
Hispanic	23.50	1.88	21.62
Black	51.79	3.97	47.82
Asian & Pacific Islander	16.43	1.76	14.66
Native American/Alaskan	17.09	0.00	17.09
Other	2.31	0.00	2.31
Missing/Invalid	158.16	0.00	158.16
Blue Cross/Stanislaus Local Initiative			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	44.50	1.90	42.60
Hispanic	27.31	1.63	25.68
Black	49.71	1.39	48.32
Asian & Pacific Islander	19.87	1.10	18.77
Native American/Alaskan	22.90	0.00	22.90
Other	2.08	0.00	2.08
Missing/Invalid	172.32	0.00	172.32
Blue Cross of California LI, Tulare	AULID	D # 01 4 4 1	011 14 1/0
Ethnic Group	All IP 36.35	Routine Obstetrics	Other Med/Surg
White		2.66	33.69
Hispanic	22.26	2.00	20.25
Black	30.61	1.18	29.43
Asian & Pacific Islander	19.97	1.26	18.72
Native American/Alaskan	15.78	4.27	11.52
Other	9.64	0.00	9.64
Missing/Invalid	139.06	0.00	139.06
Health Net, Tulare	All IP	Routine Obstetrics	Other Med/Sura
Ethnic Group White	37.21	1.10	Other Med/Surg 36.11
Hispanic Black	23.83 44.37	1.02 0.69	22.81 43.68
Black			
Asian & Pacific Islander	21.77	2.18	19.60
Native American/Alaskan	37.71	0.00	37.71
Other	129.03	0.00	129.03
Missing/Invalid	135.10	0.00	135.10

(By Ethnicity)

	i wo Pian Model Pians	(continuea)	
Blue Cross of California, Fre	sno		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	44.45	1.01	43.44
Hispanic	23.94	1.09	22.85
Black	38.14	1.35	36.80
Asian & Pacific Islander	20.67	0.70	19.97
Native American/Alaskan	61.62	1.98	59.64
Other	49.89	0.00	49.89
Missing/Invalid	178.94	0.16	178.78
Health Net, Fresno			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	33.11	3.34	29.78
Hispanic	23.93	2.62	21.32
Black	34.87	4.43	30.44
Asian & Pacific Islander	21.76	2.66	19.10
Native American/Alaskan	144.27	1.52	142.75
Other	0.00	0.00	0.00
Missing/Invalid	180.08	0.49	179.59
wiledingvalia	100.00	0.10	170.00
Co	unty Organized Health	n System Plans	
Santa Barbara Health Initiativ	•	•	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	35.24	0.44	34.80
Hispanic	15.56	0.65	14.92
Black	28.71	1.02	27.69
Asian & Pacific Islander	37.68	0.24	37.44
Native American/Alaskan	27.95	0.00	27.95
	35.08	0.00	
Other			35.08
Missing/Invalid	51.69	0.29	51.40
Health Plan of San Mateo, Sa			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	26.58	0.38	26.20
Hispanic	22.31	0.54	21.77
Black	33.95	0.84	33.11
Asian & Pacific Islander	27.12	0.80	26.32
Native American/Alaskan	62.29	0.00	62.29
Other	18.60	0.00	18.60
Missing/Invalid	48.01	0.08	47.93
Partnership Health Plan of C			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	42.56	0.67	41.89
Hispanic	30.39	1.03	29.36
Black	38.28	0.91	37.37
Asian & Pacific Islander	41.27	0.51	40.76
Native American/Alaskan	45.13	0.00	45.13
Other	33.76	0.00	33.76
Missing/Invalid	68.37	0.05	68.32

(By Ethnicity)

County Organized Health System Plans (continued)

County Organized Health System Flans (Continued)			
Partnership Health Plan of Californ			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	52.88	0.35	52.53
Hispanic	41.72	1.62	40.09
Black	51.96	0.00	51.96
Asian & Pacific Islander	97.02	0.91	96.11
Native American/Alaskan	25.13	0.00	25.13
Other	59.08	0.00	59.08
Missing/Invalid	80.77	0.00	80.77
Partnership Health Plan of Californ	nia, Yolo		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	28.07	0.28	27.79
Hispanic	21.17	0.71	20.46
Black	35.50	0.62	34.88
Asian & Pacific Islander	23.61	0.48	23.13
Native American/Alaskan	39.87	0.00	39.87
Other	49.62	0.00	49.62
Missing/Invalid	49.37	0.00	49.37
CalOPTIMA, Orange			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	50.54	0.38	50.15
Hispanic	30.80	0.48	30.32
Black	51.06	0.44	50.62
Asian & Pacific Islander	26.74	0.27	26.46
Native American/Alaskan	62.32	0.00	62.32
Other	38.90	0.00	38.90
Missing/Invalid	85.92	0.03	85.89
Central Coast Alliance for Health,	Santa Cruz		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	74.30	1.78	72.52
Hispanic	34.91	2.50	32.41
Black	47.12	2.24	44.88
Asian & Pacific Islander	65.64	0.59	65.05
Native American/Alaskan	65.73	0.00	65.73
Other	139.00	0.00	139.00
Missing/Invalid	118.42	0.00	118.42
Central Coast Alliance for Health,			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	70.86	2.48	68.39
Hispanic	34.87	2.81	32.06
Black	63.51	1.87	61.64
Asian & Pacific Islander	61.68	1.52	60.15
Native American/Alaskan	46.07	1.59	44.48
Other	55.05	0.00	55.05
Missing/Invalid	108.86	0.00	108.86
· · -	- 30.00	5.55	

	All IP	Routine Obstetrics	Other Med/Surg
Medi-Cal Program Rate	4.91	1.61	5.82
Medi-Cal Fee for Service Program	4.79	1.72	5.73
Medi-Cal Managed Care (selected plans)	5.14	1.23	6.02
Geographic Managed Care Rate	4.96	0.57	6.26
Sharp Health Plan, San Diego	4.59	0.23	6.60
Universal Care, San Diego	5.78	0.87	7.02
Community Health Group, San Diego	4.44	0.31	5.41
Blue Cross of California, San Diego	5.23	1.05	6.51
University of Cal-San Diego Health Plan	3.81	0.47	4.47
Health Net, San Diego	5.63	0.98	6.62
Kaiser Foundation Health Plan, San Diego	3.97	1.42	4.00
Molina Health Care of California, Sacramento	4.12	1.09	5.60
Western Health Advantage, Sacramento	6.83	0.58	7.63
Health Net, Sacramento	5.36	1.32	7.26
Kaiser, Sacramento	3.94	1.59	3.99
Blue Cross of California, Sacramento	5.74	0.45	8.08
Two Plan Model Rate	5.21	1.44	6.14
Alameda Alliance for Health, Alameda	3.83	1.02	4.11
Blue Cross of California, Alameda	6.19	2.42	7.07
Contra Costa Health Plan, Contra Costa	3.86	0.70	4.23
Blue Cross of California, Contra Costa	5.38	2.73	6.13
Kern Family Health Care, Kern	6.59	0.94	9.27
Blue Cross of California, Kern	5.12	0.78	6.34
LA CARE Health Plan, Los Angeles	4.91	1.52	5.52
Health Net, Los Angeles	5.52	1.21	6.42
Inland Empire Health Plan, Riverside	6.46	1.80	7.75
Molina Health Care of California, Riverside	3.95	0.78	5.05
Inland Empire Health Plan, San Bernardino	6.72	2.08	7.78
Molina Health Care of California, San Bernardino	4.00	1.02	4.86
San Francisco Health Plan, San Francisco	4.66	0.26	5.49
Blue Cross of California, San Francisco	6.01	2.54	7.10
Health Plan of San Joaquin, San Joaquin	4.54	2.07	5.83
Blue Cross of California, San Joaquin	5.10	1.44	6.61
Santa Clara Family Health Plan, Santa Clara	4.89	2.60	5.62
Blue Cross of California, Santa Clara	5.05	2.55	5.53
Blue Cross/Stanislaus Local Initiative, Stanislaus	5.38	1.12	6.59
Blue Cross of California LI, Tulare	4.59	1.37	5.77
Health Net, Tulare	5.08	1.21	5.84
Blue Cross of California, Fresno	4.81	0.63	6.38
Health Net, Fresno	4.64	1.78	5.71
County Organized Health Systems Rate	5.04	0.88	5.60
Santa Barbara Health Initiative, Santa Barbara	4.11	1.38	4.32
Health Plan of San Mateo, San Mateo	5.16	0.83	5.80
Partnership Health Plan of California, Solano	4.76	0.70	5.38
Partnership Health Plan of California, Napa	5.87	0.55	7.07
Partnership Health Plan of California, Yolo	4.26	0.50	4.92
CalOPTIMA, Orange	5.54	0.49	6.21
Central Coast Alliance for Health, Santa Cruz	4.64	1.87	4.92
Central Coast Alliance for Health, Monterey	4.30	1.76	4.70
Rate for All other Plan Codes	4.70	1.96	5.15

Overall Totals

	Overall 10	lais	
All Medi-Cal			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.34	0.897	7.35
1 to < 10	4.01	0.538	4.01
10 to < 20	4.25	1.646	5.54
20 to < 45	4.35	1.602	6.19
45 to < 65	5.39	1.131	5.39
65 to < 75	5.22	0.000	5.22
75 to < 85	5.50	0.500	5.50
85+	5.78	0.000	5.78
Medi-Cal Fee-For-Service	Program		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.36	1.107	7.36
1 to < 10	4.10	1.400	4.10
10 to < 20	4.13	1.793	5.59
20 to < 45	4.20	1.707	6.06
45 to < 65	5.12	1.292	5.12
65 to < 75	5.06	0.000	5.06
75 to < 85	5.41	0.500	5.41
85+	5.75	0.000	5.75
Medi-Cal Managed Care (s		0.000	0.70
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.30	0.364	7.30
1 to < 10	3.94	0.000	3.94
10 to < 20	4.43	1.259	5.46
20 to < 45	4.74	1.221	6.46
45 to < 65	6.46	0.756	6.47
65 to < 75	6.21	0.000	6.21
75 to < 85	6.28	0.000	6.28
75 to < 65 85+	6.01	0.000	6.01
		0.000	0.01
Geographic Managed Care Age Range in Years		Douting Obstatrics	Other Med/Cura
0 to < 1	All IP Admits 8.38	Routine Obstetrics 0.000	Other Med/Surg 8.40
1 to < 10	3.81		3.81
		0.000	
10 to < 20	4.22	0.584	5.45
20 to < 45	4.59	0.571	6.96
45 to < 65	6.20	0.222	6.22
65 to < 75	6.33	0.000	6.33
75 to < 85	5.90	0.000	5.90
85+	8.47	0.000	8.47
Two Plan Model			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.47	0.000	7.47
1 to < 10	3.99	0.000	3.99
10 to < 20	4.50	1.448	5.50
20 to < 45	4.92	1.439	6.68
45 to < 65	7.00	1.000	7.01
65 to < 75	6.97	0.000	6.97
75 to < 85	6.57	0.000	6.57
85+	6.03	0.000	6.03

(By Age Group)

Overall Totals (continued)

	Overall Lotals (c	continuea)	
County Organized Health Sys	stems		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.50	1.000	6.50
1 to < 10	3.82	0.000	3.82
10 to < 20	4.27	0.959	5.26
20 to < 45	4.25	0.860	5.50
45 to < 65	5.83	0.400	5.83
65 to < 75	5.91	0.000	5.91
75 to < 85	6.26	0.000	6.26
85+	5.85	0.000	5.85
All other Plan Codes			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	5.95	0.000	5.95
1 to < 10	2.90	0.000	2.90
10 to < 20	3.69	2.063	4.31
20 to < 45	4.34	1.940	5.28
45 to < 65	5.60	0.000	5.60
65 to < 75	4.63	0.000	4.63
		0.000	
75 to < 85	5.12		5.12
85+	6.38	0.000	6.38
·	Seographic Manage	ad Care Plans	
	• •	ed Care Flairs	
Sharp Health Plan, San Diego Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	11.98	0.000	12.08
1 to < 10	4.45	0.000	4.45
10 to < 20	3.95	0.229	5.58
20 to < 45	3.46	0.226	6.46
45 to < 65	4.99	0.000	5.00
65 to < 75	3.41	0.000	3.41
75 to < 85	5.22	0.000	5.22
85+	5.00	0.000	5.00
Universal Care, San Diego			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.10	0.000	6.10
1 to < 10	5.22	0.000	5.22
10 to < 20	4.99	0.167	6.40
20 to < 45	5.57	1.058	8.18
45 to < 65	7.52	0.000	7.52
65 to < 75	11.00	0.000	11.00
75 to < 85	2.50	0.000	2.50
85+	6.00	0.000	6.00
Community Health Group, Sa	ın Diego		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.89	0.000	7.91
1 to < 10	3.26	0.000	3.26
10 to < 20	3.84	0.231	5.14
20 to < 45	3.69	0.343	5.34
45 to < 65	6.04	0.000	6.05
65 to < 75	6.81	0.000	6.81
75 to < 85	7.74	0.000	7.74
75 to < 65 85+	11.22		11.22
OUT	11.22	0.000	11.22

(By Age Group)

Geographic Managed Care Plans (continued)

	grapine Manageu Car	e Plans (continued)	
Blue Cross of California,		Deviting Objects tries	OH M 1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.64	0.000	7.64
1 to < 10	3.68	0.000	3.68
10 to < 20	4.38	1.111	5.61
20 to < 45	5.19	1.032	7.77
45 to < 65	5.59	0.000	5.59
65 to < 75	6.00	0.000	6.00
75 to < 85	0.00	0.000	0.00
85+	0.00	0.000	0.00
University of Cal-San Dieg			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	4.32	0.000	4.32
1 to < 10	3.43	0.000	3.46
10 to < 20	3.58	0.571	4.51
20 to < 45	3.57	0.445	4.68
45 to < 65	4.80	0.000	4.80
65 to < 75	4.33	0.000	4.33
75 to < 85	3.50	0.000	3.50
85+	0.00	0.000	0.00
Health Net, San Diego			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	4.09	0.000	4.19
1 to < 10	4.08	0.000	4.08
10 to < 20	4.97	0.741	5.97
20 to < 45	6.43	1.064	8.38
45 to < 65	6.59	0.000	6.59
65 to < 75	4.43	0.000	4.43
75 to < 85	2.75	0.000	2.75
85+	0.00	0.000	0.00
Kaiser Foundation Health	Plan, San Diego		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	5.03	0.000	5.03
1 to < 10	3.49	0.000	3.49
10 to < 20	4.82	1.000	4.85
20 to < 45	3.27	1.455	3.32
45 to < 65	4.44	0.000	4.44
65 to < 75	4.77	0.000	4.77
75 to < 85	4.22	0.000	4.22
85+	5.85	0.000	5.85
Molina Health Care of Cal		0.000	0.00
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.22	0.000	8.22
1 to < 10	3.53	0.000	3.53
10 to < 20	3.74	1.113	5.08
20 to < 45	3.63	1.087	6.27
45 to < 65	4.67	0.000	4.67
65 to < 75	7.14	0.000	7.14
75 to < 85	6.67	0.000	6.67
85+	0.00	0.000	0.00
001	0.00	0.000	0.00

(By Age Group)

Geographic Managed Care Plans (continued)

Geographic Manageu Care Flans (Continueu)			
Western Health Advantage		Deutine Obetetries	OH M 1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.80	0.000	7.80
1 to < 10	3.70	0.000	3.70
10 to < 20	5.54	0.870	6.15
20 to < 45	7.99	0.521	9.79
45 to < 65	6.63	0.000	6.67
65 to < 75	6.95	0.000	6.95
75 to < 85	4.64	0.000	4.64
85+	6.25	0.000	6.25
Health Net, Sacramento			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.60	0.000	6.60
1 to < 10	3.49	0.000	3.49
10 to < 20	5.10	1.387	7.22
20 to < 45	5.16	1.300	8.38
45 to < 65	8.49	1.000	8.60
65 to < 75	9.20	0.000	9.20
75 to < 85	4.50	0.000	4.50
85+	10.33	0.000	10.33
Kaiser, Sacramento			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.00	0.000	6.00
1 to < 10	4.46	0.000	4.49
10 to < 20	3.82	1.667	3.84
20 to < 45	3.28	1.643	3.34
45 to < 65	4.66	0.000	4.66
65 to < 75	6.35	0.000	6.35
75 to < 85	5.06	0.000	5.06
85+	6.29	0.000	6.29
Blue Cross of California, Sa		0.000	0.23
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.45	0.000	8.45
1 to < 10	3.82	0.000	3.82
10 to < 20	4.11	0.520	5.65
20 to < 45	5.68	0.437	10.62
45 to < 65	8.60	0.000	8.67
65 to < 75	8.78	0.000	8.78
75 to < 85	8.13	0.000	8.13
85+	12.50	0.000	12.50
	Two Plan Mod	el Plans	
Alameda Alliance for Healtl			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	4.01	0.000	4.01
1 to < 10	3.88	0.000	3.88
10 to < 20	4.06	0.829	4.44
20 to < 45	3.28	1.075	3.88
45 to < 65	4.43	0.000	4.44
45 to < 75			5.13
	5.13	0.000	
75 to < 85	3.85	0.000	3.85
85+	3.08	0.000	3.08

(By Age Group)

Blue Cross of California,	Alameda	ians (continuca)	
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	10.41	0.000	10.44
1 to < 10	3.92	0.000	3.92
10 to < 20	5.08	2.472	5.74
20 to < 45	5.49	2.418	7.13
45 to < 65	8.82	0.000	8.82
65 to < 75	11.07	0.000	11.07
75 to < 85	4.57	0.000	4.57
85+	0.00	0.000	0.00
Contra Costa Health Plan		0.000	0.00
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	3.18	0.000	3.18
1 to < 10	3.04	0.000	3.04
10 to < 20	3.22	0.476	3.80
20 to < 45	3.82	0.754	4.58
45 to < 65	5.48	0.000	5.48
65 to < 75	4.88	0.000	4.88
		0.000	6.44
75 to < 85	6.44		
85+	3.67	0.000	3.67
Blue Cross of California, Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	11.30	0.000	11.30
1 to < 10	3.15	0.000	3.15
10 to < 20	4.14	3.385	4.33
20 to < 45	4.14	2.644	5.18
	6.13	0.000	6.13
45 to < 65			
65 to < 75	93.00	0.000	93.00
75 to < 85	0.00	0.000	0.00
85+	0.00	0.000	0.00
Kern Family Health Care,		Routine Obstetrics	Other Med/Surg
Age Range in Years	All IP Admits		<u> </u>
0 to < 1	7.98	0.000	7.98
1 to < 10	4.92	0.000	4.97
10 to < 20	5.52	0.839	9.08
20 to < 45	6.02	0.975	10.36
45 to < 65	12.32	0.000	12.32
65 to < 75	14.70	0.000	14.70
75 to < 85	42.25	0.000	42.25
85+	0.00	0.000	0.00
Blue Cross of California,		Davida - Obstatal	OH M1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.62	0.000	7.62
1 to < 10	3.45	0.000	3.45
10 to < 20	3.83	0.730	5.65
20 to < 45	4.59	0.802	6.35
45 to < 65	7.78	0.000	7.78
65 to < 75	8.62	0.000	8.62
75 to < 85	14.67	0.000	14.67
85+	10.00	0.000	10.00

(By Age Group)

Two Plan Model Plans (continued)			
LA CARE Health Plan, Lo	s Angeles		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.69	0.000	7.69
1 to < 10	3.71	0.000	3.71
10 to < 20	4.53	1.693	5.10
20 to < 45	4.77	1.484	5.98
45 to < 65	5.90	0.000	5.90
65 to < 75	6.72	0.000	6.72
75 to < 85	5.62	0.000	5.62
85+	6.80	0.000	6.80
Health Net, Los Angeles	5.55	0.000	0.00
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	10.16	0.000	10.16
1 to < 10	4.15	0.000	4.15
10 to < 20	4.89	1.395	5.63
20 to < 45	5.00	1.161	6.70
45 to < 65	6.61	0.000	6.62
65 to < 75	6.99	0.000	6.99
75 to < 85	11.60	0.000	11.60
85+	8.52		8.52
		0.000	0.32
Inland Empire Health Pla	All IP Admits	Deviting Obstatuing	Other Mark Comm
Age Range in Years 0 to < 1	7.94	Routine Obstetrics	Other Med/Surg 7.95
		0.000	
1 to < 10	4.76	0.000	4.76
10 to < 20	4.89	1.744	6.10
20 to < 45	6.62	1.814	9.25
45 to < 65	9.50	0.000	9.50
65 to < 75	4.42	0.000	4.42
75 to < 85	5.76	0.000	5.76
85+	8.71	0.000	8.71
Molina Health Care of Ca	lifornia, Riverside		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.51	0.000	6.51
1 to < 10	4.54	0.000	4.54
10 to < 20	3.12	0.806	4.02
20 to < 45	3.07	0.768	4.82
45 to < 65	6.30	0.000	6.30
65 to < 75	2.75	0.000	2.75
75 to < 85	6.00	0.000	6.00
85+	8.00	0.000	8.00
Inland Empire Health Pla	n, San Bernardino		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.15	0.000	8.15
1 to < 10	5.74	0.000	5.74
10 to < 20	5.54	2.381	6.41
20 to < 45	6.86	2.003	9.06
45 to < 65	8.69	0.000	8.70
65 to < 75	6.12	0.000	6.12
75 to < 85	5.09	0.000	5.09
85+	5.28	0.000	5.28
00.	5.20	0.000	5.20

(By Age Group)

Molina Health Care of California, San Bernardino			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.12	0.000	6.12
1 to < 10	3.85	0.000	3.85
10 to < 20	3.57	1.279	4.43
20 to < 45	3.46	0.940	4.93
45 to < 65	5.38	0.000	5.38
65 to < 75	3.94	0.000	3.94
75 to < 85	2.00	0.000	2.00
	6.00		6.00
85+ San Francisco Health Plan, San I		0.000	0.00
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.35	0.000	8.35
1 to < 10	3.58	0.000	3.58
10 to < 20	4.44	0.063	5.53
			5.50
20 to < 45	4.03	0.296	
45 to < 65	5.75	0.000	5.79
65 to < 75	5.21	0.000	5.21
75 to < 85	8.38	0.000	8.38
85+	4.00	0.000	4.00
Blue Cross of California, San Fra		D (1 O) (1)	011 14 1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.84	0.000	6.84
1 to < 10	3.88	0.000	3.88
10 to < 20	4.50	2.645	5.16
20 to < 45	5.53	2.518	7.85
45 to < 65	7.93	0.000	7.93
65 to < 75	29.33	0.000	29.33
75 to < 85	20.00	0.000	20.00
85+	6.00	0.000	6.00
Health Plan of San Joaquin, San			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.07	0.000	7.07
1 to < 10	3.33	0.000	3.33
10 to < 20	3.84	2.040	5.75
20 to < 45	3.96	2.084	6.54
45 to < 65	6.29	1.600	6.36
65 to < 75	10.42	0.000	10.42
75 to < 85	3.67	0.000	3.67
85+	2.00	0.000	2.00
Blue Cross of California, San Joa	aquin		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.60	0.000	8.60
1 to < 10	3.57	0.000	3.57
10 to < 20	4.56	1.263	6.96
20 to < 45	4.35	1.489	6.93
45 to < 65	6.87	0.000	6.87
65 to < 75	12.50	0.000	12.50
75 to < 85	1.33	0.000	1.33
85+	0.00	0.000	0.00

(By Age Group)

i wo Pian Model Pians (continued)			
Santa Clara Family Healt			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.91	0.000	7.91
1 to < 10	3.43	0.000	3.43
10 to < 20	5.02	2.688	5.98
20 to < 45	4.68	2.577	6.15
45 to < 65	4.88	4.000	4.88
65 to < 75	6.01	0.000	6.01
75 to < 85	4.38	0.000	4.38
85+	3.36	0.000	3.36
Blue Cross of California,		0.000	3.30
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.78	0.000	6.78
1 to < 10	3.82	0.000	3.82
10 to < 20	4.90	1.643	5.44
20 to < 45	4.57	2.656	5.47
45 to < 65	6.14	5.000	6.15
65 to < 75	6.22	0.000	6.22
75 to < 85	3.33	0.000	3.33
85+	10.67	0.000	10.67
Blue Cross/Stanislaus Lo	ocal Initiative, Stanislaus		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	10.55	0.000	10.55
1 to < 10	3.66	0.000	3.66
10 to < 20	3.50	1.280	4.55
20 to < 45	4.21	1.065	5.87
45 to < 65	10.24	0.000	10.24
65 to < 75	11.15	0.000	11.15
75 to < 85	15.00	0.000	15.00
85+	0.00	0.000	0.00
Blue Cross of California		0.000	0.00
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.06	0.000	8.06
1 to < 10	3.48	0.000	3.48
10 to < 20	3.68	1.219	5.55
20 to < 45	4.03	1.427	5.81
45 to < 65	6.10	4.000	6.10
65 to < 75	7.44	0.000	7.44
75 to < 85	5.50	0.000	5.50
85+	0.00	0.000	0.00
Health Net, Tulare			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	7.41	0.000	7.41
1 to < 10	3.91	0.000	3.91
10 to < 20	4.22	1.286	5.08
20 to < 45	4.92	1.188	6.07
45 to < 65	8.11	0.000	8.11
65 to < 75	4.00	0.000	4.00
75 to < 85	17.00	0.000	17.00
85+	0.00	0.000	0.00
.	0.00	0.000	0.00

Inpatient Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003 (By Age Group)

	WO Flatt Widdel Flat	is (continued)	
Blue Cross of California, Fre		5 5	011 14 110
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.15	0.000	6.15
1 to < 10	3.39	0.000	3.39
10 to < 20	3.83	0.548	5.99
20 to < 45	4.19	0.657	6.99
45 to < 65	9.11	0.000	9.20
65 to < 75	8.73	0.000	8.73
75 to < 85	10.96	0.000	10.96
85+	5.75	0.000	5.75
Health Net, Fresno			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.95	0.000	6.95
1 to < 10	2.98	0.000	2.98
10 to < 20	3.87	1.729	5.27
20 to < 45	4.64	1.805	6.47
45 to < 65	7.23	1.000	7.28
65 to < 75	2.00	0.000	2.00
75 to < 85	0.00	0.000	0.00
85+	0.00	0.000	0.00
Cou	unty Organized Heal	th System Plans	
Santa Barbara Health Initiati	ve, Santa Barbara		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.17	0.000	8.17
1 to < 10	3.13	0.000	3.13
10 to < 20	3.91	1.091	4.37
20 to < 45	3.52	1.447	3.90
45 to < 65	3.81	0.000	3.81
65 to < 75	4.39	0.000	4.39
75 to < 85	5.34	0.000	5.34
85+	5.04	0.000	5.04
Health Plan of San Mateo, Sa	an Mateo		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.66	0.000	6.66
1 to < 10	3.43	0.000	3.43
10 to < 20	5.97	0.676	8.34
20 to < 45	4.65	0.868	6.43
45 to < 65	5.62	0.000	5.62
65 to < 75	5.00	0.000	5.00
75 to < 85	5.57	0.000	5.57
85+	5.62	0.000	5.62
Partnership Health Plan of C		0.000	0.02
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	6.23	0.000	6.23
1 to < 10	3.12	0.000	3.12
10 to < 20	4.42	0.721	5.30
20 to < 45	4.02	0.701	5.17
45 to < 65	5.50	0.000	5.50
65 to < 75	5.25	0.000	5.25
75 to < 85	6.32	0.000	6.32
85+	6.59	0.000	6.59
OOT	0.08	0.000	0.39

(By Age Group)

County Organized Health System Plans (continued)

County Organized Health System Plans (continued)			
Partnership Health Plan of	f California, Napa		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	11.69	0.000	11.69
1 to < 10	3.73	0.000	3.73
10 to < 20	4.59	0.703	6.87
20 to < 45	4.39	0.507	6.63
45 to < 65	7.23	0.000	7.23
65 to < 75	6.82	0.000	6.82
75 to < 85	7.30		7.30
		0.000	
85+	4.27	0.000	4.27
Partnership Health Plan of		D (1 O) (1)	011 M 1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	4.58	0.000	4.58
1 to < 10	4.25	0.000	4.25
10 to < 20	3.39	0.340	4.21
20 to < 45	4.03	0.536	5.35
45 to < 65	4.90	0.000	4.90
65 to < 75	4.67	0.000	4.67
75 to < 85	4.92	0.000	4.92
85+	5.33	0.000	5.33
CalOPTIMA, Orange			
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	8.29	0.000	8.29
1 to < 10	3.98	0.000	3.98
10 to < 20	4.41	0.512	5.37
20 to < 45	4.66	0.483	6.12
45 to < 65	6.41	0.000	6.42
65 to < 75	7.22	0.000	7.22
75 to < 85	7.78	0.000	7.78
85+	6.89	0.000	6.89
		0.000	0.09
Central Coast Alliance for		Double - Obstatels	Otto M 1/0
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	4.87	2.000	4.87
1 to < 10	3.56	0.000	3.56
10 to < 20	4.26	1.877	5.30
20 to < 45	3.73	1.863	4.37
45 to < 65	5.14	0.000	5.14
65 to < 75	5.36	0.000	5.36
75 to < 85	5.47	0.000	5.47
85+	6.01	0.000	6.01
Central Coast Alliance for	Health, Monterey		
Age Range in Years	All IP Admits	Routine Obstetrics	Other Med/Surg
0 to < 1	4.30	0.667	4.31
1 to < 10	3.78	0.000	3.78
10 to < 20	3.48	1.932	4.33
20 to < 45	3.45	1.715	4.36
45 to < 65	5.61	2.000	5.61
65 to < 75	5.03	0.000	5.03
75 to < 85	5.34	0.000	5.34
85+	4.75	0.000	4.75

Inpatient Average Length of Stay Dates of Service Between January 1, 2002 and December 31, 2002 (By Aid Code Range)

Overall Totals

All Medi-Cal			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.30	1.59	5.75
Youth Related	4.95	1.45	5.34
Aged, Blind, Disabled	5.55	1.59	5.57
Other Aid Codes	2.90	1.39	2.97
Medi-Cal Fee-For-Service Program	า		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.19	1.70	5.94
Youth Related	5.25	1.70	5.55
Aged, Blind, Disabled	5.35	1.71	5.38
Other Aid Codes	3.14	1.42	3.23
Medi-Cal Managed Care (selected	plans)		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.52	1.20	5.51
Youth Related	4.45	1.20	4.94
Aged, Blind, Disabled	6.30	1.28	6.36
Other Aid Codes	1.68	0.88	1.69
Geographic Managed Care			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.32	0.56	5.72
Youth Related	3.71	0.45	4.58
Aged, Blind, Disabled	6.53	0.55	6.62
Other Aid Codes	2.60	1.00	9.00
Two Plan Model			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.65	1.40	5.60
Youth Related	4.23	1.50	4.66
Aged, Blind, Disabled	6.59	1.56	6.68
Other Aid Codes	6.48	0.75	7.68
County Organized Health Systems	S		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.04	0.87	4.97
Youth Related	5.23	0.83	5.66
Aged, Blind, Disabled	6.00	0.73	6.02
Other Aid Codes	1.52	0.00	1.52
All Other Plan Codes			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.65	1.92	4.48
Youth Related	4.48	2.05	5.28
Aged, Blind, Disabled	5.33	1.50	5.36
Other Aid Codes	2.00	0.00	2.00

Geographic Managed Care Plans

	ograpine Managed Ca	ire Fiails	
Sharp Health Plan, San Diego			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.35	0.22	6.70
Youth Related	4.17	0.26	5.89
Aged, Blind, Disabled	5.69	0.25	5.77
Other Aid Codes	0.00	0.00	0.00
Universal Care, San Diego			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.53	0.86	5.70
Youth Related	4.40	0.00	4.89
Aged, Blind, Disabled	8.25	0.00	8.30
Other Aid Codes	3.00	0.00	0.00
Community Health Group, San Die	go		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.46	0.31	4.35
Youth Related	2.57	0.10	3.07
Aged, Blind, Disabled	6.75	0.00	6.84
Other Aid Codes	3.00	0.00	0.00
Blue Cross of California, San Diego			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.84	1.03	6.20
Youth Related	4.31	0.63	5.32
Aged, Blind, Disabled	5.54	3.00	5.56
Other Aid Codes	3.00	0.00	0.00
University of Cal-San Diego Health		0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.33	0.42	4.05
Youth Related	3.10	0.82	3.44
Aged, Blind, Disabled	4.79	0.00	4.79
Other Aid Codes	2.00	4.00	0.00
Health Net, San Diego	2.00	4.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.14	0.94	6.16
Youth Related	4.20	1.80	4.46
Aged, Blind, Disabled	7.44	0.00	7.44
Other Aid Codes	0.00	0.00	0.00
Kaiser Foundation Health Plan, Sa		0.00	0.00
	•	Daystina Obatatriaa	Other Mad (Com
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.49	1.42	3.54
Youth Related	3.48	0.00	3.48
Aged, Blind, Disabled	4.45	0.00	4.45
Other Aid Codes	0.00	0.00	0.00
Molina Health Care of California, S			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.65	1.04	5.15
Youth Related	4.00	1.30	5.08
Aged, Blind, Disabled	5.41	0.40	5.64
Other Aid Codes	0.00	0.00	0.00

Geographic Managed Care (continued)

Western Health Advantage, Sacramento	o managou o ano (, •••••••••••••••••••••••••••••••••••••	
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.60	0.45	6.50
Youth Related	4.23	1.60	4.86
Aged, Blind, Disabled	9.85	2.40	9.97
Other Aid Codes	0.00	0.00	0.00
Health Net, Sacramento			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.93	1.29	6.94
Youth Related	3.82	0.85	4.86
Aged, Blind, Disabled	6.31	1.25	6.50
Other Aid Codes	0.00	0.00	0.00
Kaiser, Sacramento			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.17	1.68	3.21
Youth Related	4.78	2.00	4.87
Aged, Blind, Disabled	4.94	0.67	4.96
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Sacramento			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.96	0.45	7.29
Youth Related	3.90	0.30	5.56
Aged, Blind, Disabled	8.40	0.17	8.64
Other Aid Codes	0.00	0.00	0.00
Tw	o Plan Model Pla	ne	
Alameda Alliance for Health, Alameda	o Fian Model Fia	113	
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.40	1.02	3.72
Youth Related	3.52	0.50	3.66
Aged, Blind, Disabled	4.52	0.54	4.57
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Alameda	0.00	0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.18	2.37	6.03
Youth Related	6.06	1.27	6.60
Aged, Blind, Disabled	9.43	3.44	9.57
Other Aid Codes	0.00	0.00	0.00
Contra Costa Health Plan, Contra Costa	0.00	0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.12	0.71	3.50
Youth Related	2.45	0.67	2.60
Aged, Blind, Disabled	5.79	0.15	5.87
Other Aid Codes	3.00	0.00	3.00
Blue Cross of California, Contra Costa	0.00	0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.03	2.49	5.87
Youth Related			
	5.89	12 ()()	5/1
Aged Blind Disabled	5.89 6.93	12.00 5.60	5.71 7.06
Aged, Blind, Disabled Other Aid Codes	5.89 6.93 0.00	12.00 5.60 0.00	5.71 7.06 0.00

11	WO FIAIT WIOUEI (COITE	iliueu)	
Kern Family Health Care, Kern			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.83	0.91	8.51
Youth Related	5.94	1.33	7.73
Aged, Blind, Disabled	10.45	1.19	11.03
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Kern			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.10	0.77	5.28
Youth Related	2.72	0.50	3.68
Aged, Blind, Disabled	7.31	1.09	7.48
Other Aid Codes	0.00	0.00	0.00
LA CARE Health Plan, Los Angeles			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.37	1.47	4.96
Youth Related	3.80	1.72	3.96
Aged, Blind, Disabled	6.14	1.58	6.19
Other Aid Codes	3.00	0.00	3.00
Health Net, Los Angeles	0.00	0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.74	1.15	5.61
Youth Related	3.78	1.65	3.98
Aged, Blind, Disabled	7.05	0.67	7.08
Other Aid Codes	2.75	1.00	4.50
Inland Empire Health Plan, Riverside		1.00	4.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.33	1.76	7.85
Youth Related	5.74	1.94	6.50
Aged, Blind, Disabled	6.19	2.32	6.26
Other Aid Codes	12.44	0.00	14.00
Molina Health Care of California, Riv		0.00	14.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.59	0.75	4.70
Youth Related	3.84	0.77	4.65
Aged, Blind, Disabled	5.81	2.00	5.87
Other Aid Codes	0.00	0.00	0.00
Inland Empire Health Plan, San Bern		0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	6.37	2.04	7.54
Youth Related	6.20	1.69	6.90
Aged, Blind, Disabled	6.99	2.82	7.05
Other Aid Codes	3.00	0.00	3.00
Molina Health Care of California, Sar		0.00	3.00
	All IP Admits	Douting Obstatrics	Other Med/Cura
Aid Code Category Family	3.55	Routine Obstetrics 0.98	Other Med/Surg 4.37
Youth Related	3.96	1.21	4.49
	5.66	1.63	5.75
Aged, Blind, Disabled Other Aid Codes	1.00	1.00	
Other Ald Codes	1.00	1.00	0.00

	voisse	inueu)	
San Francisco Health Plan, San Fran		D # 01 4 4	011 11 110
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.48	0.26	5.61
Youth Related	2.79	0.00	2.84
Aged, Blind, Disabled	4.99	0.00	5.05
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, San Francis			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.58	2.38	6.99
Youth Related	2.57	0.00	2.57
Aged, Blind, Disabled	6.82	4.00	6.95
Other Aid Codes	0.00	0.00	0.00
Health Plan of San Joaquin, San Joa	quin		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.75	1.86	4.92
Youth Related	3.48	1.42	4.39
Aged, Blind, Disabled	5.55	2.09	5.77
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, San Joaqui	n		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.46	1.39	5.84
Youth Related	3.77	1.38	4.48
Aged, Blind, Disabled	7.00	0.50	7.08
Other Aid Codes	0.00	0.00	0.00
Santa Clara Family Health Plan, Sant	a Clara		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.52	2.48	5.32
Youth Related	4.77	2.78	5.16
Aged, Blind, Disabled	5.14	3.60	5.16
Other Aid Codes	4.00	0.00	4.00
Blue Cross of California, Santa Clara		0.00	1.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.70	2.51	5.24
Youth Related	3.74	6.00	3.69
Aged, Blind, Disabled	6.16	2.00	6.21
Other Aid Codes	0.00	0.00	0.00
Blue Cross/Stanislaus Local Initiativ		0.00	0.00
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.58	1.12	5.77
Youth Related	3.66	1.52	4.13
Aged, Blind, Disabled	7.89	0.25	8.11
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California LI, Tulare	0.00	0.00	0.00
	All ID Admita	Douting Obstatrics	Other Med/Cura
Aid Code Category	All IP Admits 4.22	Routine Obstetrics 1.37	Other Med/Surg
Family			5.34
Youth Related	3.10	1.23	4.26
Aged, Blind, Disabled	6.50	0.73	6.65
Other Aid Codes	0.00	0.00	0.00

	I WO FIAIT WIOUEI (COITT	mueu)	
Health Net, Tulare			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	5.00	1.19	5.77
Youth Related	4.79	1.78	5.36
Aged, Blind, Disabled	4.74	0.50	4.87
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Fresno			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.06	0.62	5.57
Youth Related	3.92	0.79	4.82
Aged, Blind, Disabled	7.89	0.72	8.10
Other Aid Codes	9.00	0.00	9.00
Health Net, Fresno			
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.44	1.78	5.52
Youth Related	4.28	1.81	5.06
Aged, Blind, Disabled	5.50	1.40	5.63
Other Aid Codes	0.00	0.00	0.00
	nty Organized Health Sy	stem Plans	
Santa Barbara Health Initiative, S	anta Barbara		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.03	1.39	4.54
Youth Related	4.90	0.93	5.34
Aged, Blind, Disabled	4.04	2.00	4.05
Other Aid Codes	0.15	0.00	0.15
Health Plan of San Mateo, San Ma	ateo		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.56	0.84	6.08
Youth Related	5.40	0.50	5.81
Aged, Blind, Disabled	5.48	0.82	5.51
Other Aid Codes	3.32	0.00	3.32
Partnership Health Plan of Califo	rnia, Solano		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.81	0.71	4.78
Youth Related	5.83	0.33	6.70
Aged, Blind, Disabled	5.73	1.09	5.76
Other Aid Codes	0.07	0.00	0.07
Partnership Health Plan of Califo	rnia, Napa		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.81	0.56	6.98
Youth Related	4.79	0.38	5.59
Aged, Blind, Disabled	7.11	0.00	7.15
Other Aid Codes	1.29	0.00	1.29
Partnership Health Plan of Califo	rnia, Yolo		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.58	0.49	4.54
Youth Related	4.32	0.50	4.67
Aged, Blind, Disabled	5.27	0.67	5.34
Other Aid Codes	4.22	0.00	4.22
			

County Organized Health Systems (continued)

CalOPTIMA,	Orange
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Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	4.32	0.49	5.38
Youth Related	5.57	0.43	6.00
Aged, Blind, Disabled	6.87	0.05	6.89
Other Aid Codes	4.20	0.00	4.20
Central Coast Alliance for Health, Sa	anta Cruz		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.50	1.87	3.92
Youth Related	4.43	1.79	4.66
Aged, Blind, Disabled	5.50	1.33	5.50
Other Aid Codes	0.40	0.00	0.40
Central Coast Alliance for Health, M	onterey		
Aid Code Category	All IP Admits	Routine Obstetrics	Other Med/Surg
Family	3.44	1.66	4.01
Youth Related	4.12	2.00	4.43
Aged, Blind, Disabled	5.27	2.00	5.29
Other Aid Codes	0.27	0.00	0.27

Overall Totals

All Medi-Cal			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.09	1.47	5.63
Hispanic	4.51	1.64	5.88
Black	5.21	1.56	5.66
Asian & Pacific Islander	5.09	1.52	5.74
Native American/Alaskan	4.93	1.67	5.56
Other	5.37	1.66	5.48
Missing/Invalid	5.46	1.79	5.82
Medi-Cal Fee-For-Service Program	All IP	Dayting Obstatrics	Other Med/Cura
Ethnic Group White	5.01	Routine Obstetrics 1.68	Other Med/Surg 5.44
Hispanic	4.39	1.71	5.92
Black	5.15	1.80	5.41
Asian & Pacific Islander	5.04	1.75	5.57
Native American/Alaskan	4.78	1.78	5.34
Other	5.29	1.78	5.38
Missing/Invalid	5.34	1.79	5.88
Medi-Cal Managed Care (selected plan		1.79	5.00
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.30	1.08	6.12
Hispanic	4.80	1.27	5.74
Black	5.30	1.37	6.13
Asian & Pacific Islander	5.22	1.09	6.20
Native American/Alaskan	5.53	1.19	6.43
Other	5.88	1.31	6.12
Missing/Invalid	6.48	1.13	6.56
Geographic Managed Care			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.05	0.54	6.34
Hispanic	4.48	0.57	5.83
Black	5.00	0.59	6.18
Asian & Pacific Islander	4.90	0.63	6.60
Native American/Alaskan	7.92	0.45	9.62
Other	6.26	0.00	6.44
Missing/Invalid	6.77	0.25	6.82
Two Plan Model			0.02
			0.02
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
Ethnic Group White	All IP 5.42		
•		Routine Obstetrics 1.35 1.43	Other Med/Surg
White	5.42 4.92 5.42	Routine Obstetrics 1.35	Other Med/Surg 6.37
White Hispanic	5.42 4.92 5.42 5.17	Routine Obstetrics 1.35 1.43	Other Med/Surg 6.37 5.90
White Hispanic Black	5.42 4.92 5.42 5.17 5.22	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43	Other Med/Surg 6.37 5.90 6.24
White Hispanic Black Asian & Pacific Islander	5.42 4.92 5.42 5.17	Routine Obstetrics 1.35 1.43 1.62 1.40	Other Med/Surg 6.37 5.90 6.24 6.23
White Hispanic Black Asian & Pacific Islander Native American/Alaskan	5.42 4.92 5.42 5.17 5.22	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43	Other Med/Surg 6.37 5.90 6.24 6.23 6.15
White Hispanic Black Asian & Pacific Islander Native American/Alaskan Other	5.42 4.92 5.42 5.17 5.22 5.35	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43 1.36	Other Med/Surg 6.37 5.90 6.24 6.23 6.15 5.78
White Hispanic Black Asian & Pacific Islander Native American/Alaskan Other Missing/Invalid County Organized Health Systems Ethnic Group	5.42 4.92 5.42 5.17 5.22 5.35 6.69	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43 1.36 1.36 Routine Obstetrics	Other Med/Surg 6.37 5.90 6.24 6.23 6.15 5.78 6.80 Other Med/Surg
White Hispanic Black Asian & Pacific Islander Native American/Alaskan Other Missing/Invalid County Organized Health Systems Ethnic Group White	5.42 4.92 5.42 5.17 5.22 5.35 6.69	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43 1.36 1.36 Routine Obstetrics 0.77	Other Med/Surg 6.37 5.90 6.24 6.23 6.15 5.78 6.80 Other Med/Surg
White Hispanic Black Asian & Pacific Islander Native American/Alaskan Other Missing/Invalid County Organized Health Systems Ethnic Group White Hispanic	5.42 4.92 5.42 5.17 5.22 5.35 6.69 All IP 5.20 4.54	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43 1.36 1.36 Routine Obstetrics 0.77 0.97	Other Med/Surg 6.37 5.90 6.24 6.23 6.15 5.78 6.80 Other Med/Surg 5.64 5.23
White Hispanic Black Asian & Pacific Islander Native American/Alaskan Other Missing/Invalid County Organized Health Systems Ethnic Group White Hispanic Black	5.42 4.92 5.42 5.17 5.22 5.35 6.69 All IP 5.20 4.54 4.86	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43 1.36 1.36 Routine Obstetrics 0.77 0.97 0.86	Other Med/Surg 6.37 5.90 6.24 6.23 6.15 5.78 6.80 Other Med/Surg 5.64 5.23 5.39
White Hispanic Black Asian & Pacific Islander Native American/Alaskan Other Missing/Invalid County Organized Health Systems Ethnic Group White Hispanic Black Asian & Pacific Islander	5.42 4.92 5.42 5.17 5.22 5.35 6.69 All IP 5.20 4.54 4.86 5.44	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43 1.36 1.36 Routine Obstetrics 0.77 0.97 0.86 0.66	Other Med/Surg 6.37 5.90 6.24 6.23 6.15 5.78 6.80 Other Med/Surg 5.64 5.23 5.39 6.04
White Hispanic Black Asian & Pacific Islander Native American/Alaskan Other Missing/Invalid County Organized Health Systems Ethnic Group White Hispanic Black Asian & Pacific Islander Native American/Alaskan	5.42 4.92 5.42 5.17 5.22 5.35 6.69 All IP 5.20 4.54 4.86 5.44 4.79	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43 1.36 1.36 Routine Obstetrics 0.77 0.97 0.86 0.66 0.20	Other Med/Surg 6.37 5.90 6.24 6.23 6.15 5.78 6.80 Other Med/Surg 5.64 5.23 5.39 6.04 5.12
White Hispanic Black Asian & Pacific Islander Native American/Alaskan Other Missing/Invalid County Organized Health Systems Ethnic Group White Hispanic Black Asian & Pacific Islander	5.42 4.92 5.42 5.17 5.22 5.35 6.69 All IP 5.20 4.54 4.86 5.44	Routine Obstetrics 1.35 1.43 1.62 1.40 1.43 1.36 1.36 Routine Obstetrics 0.77 0.97 0.86 0.66	Other Med/Surg 6.37 5.90 6.24 6.23 6.15 5.78 6.80 Other Med/Surg 5.64 5.23 5.39 6.04

Overall Totals (continued)

Over	ali Totais (Cont	inueu)	
All Other Plan Codes			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.65	2.08	5.08
Hispanic	4.52	1.80	5.28
Black	5.31	1.38	5.49
Asian & Pacific Islander	3.29	1.40	3.66
Native American/Alaskan	4.41	2.50	5.13
Other	4.60	0.00	4.60
Missing/Invalid	5.47	0.00	5.47
Geograp	ohic Managed C	Care Plans	
Sharp Health Plan, San Diego			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.23	0.29	5.91
Hispanic	4.96	0.19	7.55
Black	3.52	0.21	4.98
Asian & Pacific Islander	4.16	0.20	6.39
Native American/Alaskan	3.06	0.00	3.77
Other	1.75	0.00	1.75
Missing/Invalid	8.97	0.00	8.97
Universal Care, San Diego			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.41	0.39	6.71
Hispanic	5.84	1.48	7.09
•	5.47	0.24	6.91
Black			
Asian & Pacific Islander	4.90	0.36	6.28
Native American/Alaskan	4.00	0.00	4.00
Other	0.00	0.00	0.00
Missing/Invalid	8.45	0.00	8.45
Community Health Group, San Diego			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.35	0.27	5.14
Hispanic	3.95	0.33	5.00
•	5.93 5.13		
Black		0.29	6.36
Asian & Pacific Islander	5.22	0.25	5.92
Native American/Alaskan	2.75	0.00	3.14
Other	4.50	0.00	4.50
Missing/Invalid	6.49	0.00	6.56
Blue Cross of California, San Diego			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.96	0.81	6.04
Hispanic	4.56	1.11	5.86
Black	6.58	0.92	8.22
Asian & Pacific Islander	5.23	1.77	6.81
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	6.30	0.00	6.30
moonig/invalid	3.00	0.00	0.00

Geographic Managed Care Plans (continued)

University of Cal-San Diego Health F	Plan	ano (continuou)	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.11	0.48	4.71
Hispanic	3.51	0.54	4.26
Black	3.57	0.45	4.12
Asian & Pacific Islander	3.59	0.21	4.67
Native American/Alaskan	2.75	0.00	2.75
Other	0.00	0.00	0.00
Missing/Invalid	5.06	0.00	5.06
Health Net, San Diego			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.66	1.26	6.73
Hispanic	4.67	0.89	5.45
Black	4.57	0.42	5.32
Asian & Pacific Islander	12.95	1.20	16.52
Native American/Alaskan	2.50	0.00	2.50
Other	0.00	0.00	0.00
Missing/Invalid	8.13	0.00	8.13
Kaiser Foundation Health Plan, San	Diego		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	3.83	1.50	3.84
Hispanic	2.98	1.00	3.03
Black	4.49	1.75	4.55
Asian & Pacific Islander	4.39	2.00	4.43
Native American/Alaskan	7.20	0.00	7.20
Other	6.18	0.00	6.18
Missing/Invalid	5.36	0.00	5.36
Molina Health Care of California, Sa			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	3.92	1.32	5.31
Hispanic	3.56	1.16	4.63
Black	4.26	0.92	5.81
Asian & Pacific Islander	4.62	0.98	6.68
Native American/Alaskan	2.67	0.00	3.20
Other	2.00	0.00	2.00
Missing/Invalid	5.57	0.00	6.16
Western Health Advantage, Sacramo		D (; O) ((;	011 14 1/0
Ethnic Group White	All IP 8.50	Routine Obstetrics	Other Med/Surg
		0.58	9.60
Hispanic	4.93 5.23	0.84	5.53 5.91
Black Asian & Pacific Islander	5.23 6.89	0.49	
		0.44	7.48
Native American/Alaskan	6.64	0.00	6.64
Other	13.83	0.00	13.83
Missing/Invalid	6.91	0.00	6.91
Health Net, Sacramento Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.94	1.31	7.84
Hispanic	4.44	1.33	6.07
Black	5.61	1.44	7.49
Asian & Pacific Islander	4.88	1.19	7.31
Native American/Alaskan	4.63	2.00	5.50
Other	11.22	0.00	11.22
Missing/Invalid	4.44	2.00	4.48
wiissing/invalid	7.74	2.00	4.40

Inpatient Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003

(By Ethnicity)

Geographic Managed Care Plans (continued)

Geographic N	ianaged Care P	ians (continued)	
Kaiser, Sacramento			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.20	1.50	4.23
Hispanic	3.48	1.78	3.58
Black	3.59	1.69	3.63
Asian & Pacific Islander	4.00	1.00	4.02
Native American/Alaskan	2.00	0.00	2.00
Other	3.00	0.00	3.00
Missing/Invalid	4.86	0.00	4.91
Blue Cross of California, Sacramento			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.57	0.39	8.03
Hispanic	5.30	0.74	7.32
Black	6.32	0.41	8.51
Asian & Pacific Islander	4.64	0.36	7.29
Native American/Alaskan	12.79	0.40	17.68
Other	7.75	0.00	10.33
Missing/Invalid	7.83	0.00	7.93
wiissii ig/ii waliu	7.05	0.00	7.93
Tv	vo Plan Model F	Plans	
Alameda Alliance for Health, Alameda			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	3.78	0.81	4.03
Hispanic	3.23	0.77	3.51
Black	3.68	1.35	3.89
Asian & Pacific Islander	4.10	0.95	4.56
Native American/Alaskan	3.78	0.00	4.14
Other	2.44	0.00	2.44
	6.85		
Missing/Invalid	0.00	0.00	6.93
Blue Cross of California, Alameda Ethnic Group	All IP	Routine Obstetrics	Other Med/Cura
White	5.64	1.75	Other Med/Surg 6.38
	7.17	2.20	8.24
Hispanic Black	6.10	2.83	7.00
Asian & Pacific Islander	5.10	1.88	5.98
Native American/Alaskan	2.83	4.67	2.22
Other	2.80	0.00	2.80
Missing/Invalid	8.64	0.00	8.64
Contra Costa Health Plan, Contra Cos		_	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.11	0.55	4.40
Hispanic	3.03	0.60	3.31
Black	4.05	0.89	4.59
Asian & Pacific Islander	3.42	0.49	3.91
Native American/Alaskan	5.56	0.00	5.56
Other	8.22	0.00	8.22
Missing/Invalid	5.37	0.00	5.41

Blue Cross of California, Contra Costa	(
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.32	2.82	6.05
Hispanic	4.16	2.00	4.66
Black	6.09	3.04	7.12
Asian & Pacific Islander	5.96	2.64	6.85
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	4.80	4.00	4.86
Kern Family Health Care, Kern			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	7.22	0.98	9.87
Hispanic	6.05	0.91	8.82
Black	7.26	1.13	9.79
Asian & Pacific Islander	6.72	0.82	9.71
Native American/Alaskan	7.26	0.00	10.58
Other	26.67	0.00	26.67
Missing/Invalid	6.52	0.00	6.59
Blue Cross of California, Kern	All IP	Routine Obstetrics	Other Med/Surg
Ethnic Group White	5.19	0.74	6.11
Hispanic	4.49	0.77	6.06
Black	6.24	0.77	7.87
Asian & Pacific Islander	5.04	0.75	5.92
Native American/Alaskan	5.56	2.00	6.38
Other	3.40	0.00	3.40
Missing/Invalid	6.30	0.00	6.36
LA CARE Health Plan, Los Angeles	0.50	0.00	0.50
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.99	1.19	5.58
Hispanic	4.64	1.58	5.24
Black	5.32	1.62	5.94
Asian & Pacific Islander	5.56	1.25	6.30
Native American/Alaskan	4.14	1.38	4.72
Other	4.55	1.47	5.09
Missing/Invalid	6.01	1.56	6.20
Health Net, Los Angeles			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.62	0.97	6.48
Hispanic	5.14	1.24	6.10
Black	6.16	1.39	6.95
Asian & Pacific Islander	5.52	0.86	6.30
Native American/Alaskan	3.69	1.50	4.26
Other	5.09	1.10	5.61
Missing/Invalid	7.18	0.73	7.50
Inland Empire Health Plan, Riverside			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.30	1.61	7.50
Hispanic	6.60	1.80	8.16
Black	5.80	2.23	6.74
Asian & Pacific Islander	6.91	2.07	7.99
Native American/Alaskan	7.63	2.67	8.50
Other	4.80	1.00	5.38
Missing/Invalid	7.22	0.00	7.30

Molina Health Care of California, Riv	erside	oonanada,	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	3.82	0.95	4.73
Hispanic	3.57	0.69	4.73
Black	4.41	0.90	5.42
Asian & Pacific Islander	5.08	0.73	6.23
Native American/Alaskan	16.33	0.50	20.86
Other	3.75	0.00	3.75
Missing/Invalid	6.90	0.00	7.00
Inland Empire Health Plan, San Bern			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	6.86	2.00	7.86
Hispanic	6.49	2.11	7.66
Black	6.60	2.14	7.67
Asian & Pacific Islander	6.83	1.74	7.83
Native American/Alaskan	6.88	2.58	7.98
Other	11.39	0.00	11.39
Missing/Invalid	7.59	4.75	7.62
Molina Health Care of California, Sar			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	3.91	0.96	4.84
Hispanic	3.92	1.09	4.77
Black	3.69	0.90	4.51
Asian & Pacific Islander	4.21	1.20	4.63
Native American/Alaskan	3.47	0.71	5.88
Other	4.09	0.00	4.09
Missing/Invalid	7.31	0.00	7.31
San Francisco Health Plan, San Fran			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.08	0.06	5.01
Hispanic	4.26	0.23	4.90
Black	5.20	0.36	6.27
Asian & Pacific Islander	4.56	0.23	5.36
Native American/Alaskan	2.50	0.00	5.00
Other	3.89	0.00	3.89
Missing/Invalid	4.51	0.00	4.51
Blue Cross of California, San Francis		Douting Obstatries	Other Med/Cura
Ethnic Group White	All IP 4.35	Routine Obstetrics 2.25	Other Med/Surg 4.85
Hispanic	5.12	2.23	5.75
Black	6.40	3.36	7.33
Asian & Pacific Islander	6.86	1.68	9.10
Native American/Alaskan	3.40	0.00	4.25
Other	2.75	0.00	2.75
Missing/Invalid	7.82	2.25	8.59
Health Plan of San Joaquin, San Joa		2.25	0.59
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.78	2.18	6.11
Hispanic	4.28	2.11	5.50
Black	4.25	2.16	5.21
Asian & Pacific Islander	4.65	1.80	6.59
Native American/Alaskan	4.06	1.82	5.24
Other	2.67	0.00	2.67
Missing/Invalid	5.65	2.00	5.68
	3.00	2.00	0.00

Blue Cross of California, San Joaquin	mouori iuno (oontinada,	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.71	1.55	7.40
Hispanic	4.70	1.53	6.01
Black	4.96	1.00	6.48
Asian & Pacific Islander	4.43	1.51	6.21
Native American/Alaskan	4.11	0.00	6.17
Other	5.00	0.00	5.00
Missing/Invalid	7.53	1.00	7.74
Santa Clara Family Health Plan, Santa			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.84	2.54	5.44
Hispanic	4.77	2.64	5.56
Black	5.36	2.32	6.10
Asian & Pacific Islander	4.54	2.59	5.28
Native American/Alaskan	4.37	1.67	4.58
Other	7.80	0.00	7.80
Missing/Invalid	6.53	3.00	6.55
Blue Cross of California, Santa Clara	AULID	Davida Obstatala	Other Mad (Orma
Ethnic Group White	All IP 5.23	Routine Obstetrics 2.07	Other Med/Surg 5.75
	4.34	1.70	5.75
Hispanic	4.3 4 8.00	4.22	8.64
Black Asian & Pacific Islander	5.36	4.22 3.67	5.68
Native American/Alaskan	3.50	0.00	3.50
Other	1.00	0.00	1.00
Missing/Invalid	4.89	0.00	4.95
Blue Cross/Stanislaus Local Initiative,		0.00	4.95
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.34	1.16	6.36
Hispanic	5.06	1.11	6.54
Black	7.08	1.00	8.59
Asian & Pacific Islander	5.10	1.16	6.37
Native American/Alaskan	2.08	0.00	2.25
Other	0.50	0.00	0.50
Missing/Invalid	6.90	0.00	6.95
Blue Cross of California LI, Tulare			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.59	1.47	5.52
Hispanic	4.53	1.38	5.84
Black	4.94	1.05	5.80
Asian & Pacific Islander	4.00	0.85	5.33
Native American/Alaskan	2.18	2.00	2.25
Other	2.00	0.00	2.00
Missing/Invalid	6.35	0.00	6.35
Health Net, Tulare			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.67	1.43	6.23
Hispanic	4.90	1.15	5.74
Black	6.89	0.75	7.92
Asian & Pacific Islander	3.72	1.78	4.24
Native American/Alaskan	3.86	0.00	4.50
Other	4.00	0.00	4.00
Missing/Invalid	4.00	0.00	4.00

Inpatient Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003

(By Ethnicity)

IWO P	ian Model Plans (continuea)	
Blue Cross of California, Fresno			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.72	0.57	7.25
Hispanic	4.20	0.66	5.65
Black	5.24	0.71	6.84
Asian & Pacific Islander	5.05	0.51	7.39
Native American/Alaskan	4.61	0.80	5.48
Other	4.56	0.00	4.69
Missing/Invalid	7.82	2.00	7.84
Health Net, Fresno			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.70	1.67	5.90
Hispanic	4.56	1.82	5.59
Black	4.45	2.10	5.33
Asian & Pacific Islander	3.70	1.36	4.87
Native American/Alaskan	13.57	1.00	15.67
Other	0.00	0.00	0.00
Missing/Invalid	6.33	1.00	6.42
gyvana	0.00	1.00	02
County C	rganized Health	System Plans	
Santa Barbara Health Initiative, San		•	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.15	1.06	4.31
Hispanic	4.13	1.53	4.46
Black	4.39	1.29	4.81
Asian & Pacific Islander	3.92	1.00	3.99
Native American/Alaskan	2.81	0.00	2.81
Other	3.29	0.00	3.29
Missing/Invalid	3.79	6.00	3.78
Health Plan of San Mateo, San Mate			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	5.35	0.65	5.98
Hispanic	5.21	0.77	6.08
Black	4.85	0.80	5.57
Asian & Pacific Islander	4.78	1.16	5.28
Native American/Alaskan	28.00	0.00	56.00
Other	4.67	0.00	4.67
Missing/Invalid	5.53	0.40	5.65
Partnership Health Plan of Californi			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg
White	4.82	0.66	5.36
Hispanic	4.30	0.66	5.33
Black	4.65	0.88	5.19
Asian & Pacific Islander	4.89	0.52	5.46
Native American/Alaskan	5.35	0.00	6.29
Other	4.11	0.00	4.11
Missing/Invalid	5.80	1.00	5.82

County Organized Health System Plans (continued)

County Organized Health System Plans (Continued)				
Partnership Health Plan of Californi		_		
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg	
White	5.97	0.27	6.95	
Hispanic	5.16	0.72	6.88	
Black	4.73	0.00	4.90	
Asian & Pacific Islander	8.88	2.00	9.17	
Native American/Alaskan	2.80	0.00	3.50	
Other	13.33	0.00	13.33	
Missing/Invalid	6.61	0.00	6.74	
Partnership Health Plan of California	a, Yolo			
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg	
White	4.44	0.42	4.92	
Hispanic	3.60	0.52	4.52	
Black	5.35	0.89	5.88	
Asian & Pacific Islander	4.20	0.57	4.84	
Native American/Alaskan	2.83	0.00	2.93	
Other	7.08	0.00	7.08	
Missing/Invalid	5.17	0.00	5.36	
CalOPTIMA, Orange				
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg	
White	5.71	0.46	6.26	
Hispanic	4.96	0.50	5.77	
Black	5.13	0.42	5.68	
Asian & Pacific Islander	5.84	0.49	6.58	
Native American/Alaskan	5.89	0.00	6.32	
Other	8.41	0.00	8.41	
Missing/Invalid	7.20	0.43	7.23	
Central Coast Alliance for Health, Sa		3.13	7.20	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg	
White	5.21	1.92	5.44	
Hispanic	3.70	1.82	4.01	
Black	4.34	3.00	4.44	
Asian & Pacific Islander	5.39	1.50	5.52	
Native American/Alaskan	6.78	0.00	6.78	
Other	6.15	0.00	6.15	
Missing/Invalid	5.45	0.00	5.47	
Central Coast Alliance for Health, M		0.00	5.77	
Ethnic Group	All IP	Routine Obstetrics	Other Med/Surg	
White	4.37	1.77	4.61	
Hispanic	3.97	1.76	4.46	
Black	5.25	1.68	5.61	
Asian & Pacific Islander	5.25	1.77	5.25	
Native American/Alaskan	4.46	2.00	4.67	
	4.46 4.25	0.00		
Other			4.25	
Missing/Invalid	5.19	0.00	5.20	

	Admits	Days	ALOS
Medi-Cal Program Rate	0.65	5.68	8.76
Medi-Cal Fee for Service Program	0.71	6.87	9.70
Medi-Cal Managed Care (selected plans)	0.60	4.38	7.35
Geographic Managed Care Rate	0.70	4.35	6.20
Sharp Health Plan, San Diego	0.84	5.34	6.39
Universal Care, San Diego	0.89	5.15	5.75
Community Health Group, San Diego	0.67	4.54	6.75
Blue Cross of California, San Diego	1.03	5.63	5.49
University of Cal-San Diego Health Plan	0.84	3.79	4.54
Health Net, San Diego	0.91	4.30	4.71
Kaiser Foundation Health Plan, San Diego	0.50	3.42	6.83
Molina Health Care of California, Sacramento	0.57	3.81	6.68
Western Health Advantage, Sacramento	0.61	3.55	5.78
Health Net, Sacramento	0.63	3.80	6.06
Kaiser, Sacramento	0.42	2.59	6.20
Blue Cross of California, Sacramento	0.67	4.33	6.45
Two Plan Model Rate	0.57	4.07	7.19
Alameda Alliance for Health, Alameda	0.58	4.69	8.14
Blue Cross of California, Alameda	0.72	7.11	9.90
Contra Costa Health Plan, Contra Costa	0.50	3.51	7.08
Blue Cross of California, Contra Costa	1.07	10.41	9.71
Kern Family Health Care, Kern	0.68	5.23	7.66
Blue Cross of California, Kern	0.69	4.67	6.75
LA CARE Health Plan, Los Angeles	0.48	3.17	6.62
Health Net, Los Angeles	0.47	3.54	7.55
Inland Empire Health Plan, Riverside	0.60	4.79	8.00
Molina Health Care of California, Riverside	0.67	5.60	8.36
Inland Empire Health Plan, San Bernardino	0.75	5.50	7.33
Molina Health Care of California, San Bernardino	0.72	5.15	7.18
San Francisco Health Plan, San Francisco	0.50	3.62	7.19
Blue Cross of California, San Francisco	0.57	3.63	6.41
Health Plan of San Joaquin, San Joaquin	0.84	4.70	5.60
Blue Cross of California, San Joaquin	0.64	4.97	7.75
Santa Clara Family Health Plan, Santa Clara	0.55	4.67	8.43
Blue Cross of California, Santa Clara Blue Cross/Stanislaus Local Initiative, Stanislaus	0.51 0.67	3.61 4.91	7.03
Blue Cross of California LI, Tulare	0.64	4.66	7.34 7.24
Health Net, Tulare	0.85	5.51	6.47
Blue Cross of California, Fresno	0.80	5.41	6.79
Health Net, Fresno	0.88	5.87	6.68
County Organized Health Systems Rate	0.66	5.72	8.71
Santa Barbara Health Initiative, Santa Barbara	0.00	0.00	0.00
Health Plan of San Mateo, San Mateo	0.55 0.50	4.90	8.89
Partnership Health Plan of California, Solano		4.32	8.56
Partnership Health Plan of California, Napa	0.37 0.45	4.52 3.10	12.07 6.93
Partnership Health Plan of California, Yolo CalOPTIMA, Orange	0.45 0.75	6.78	8.98
Central Coast Alliance for Health, Santa Cruz	0.75	8.09	8.31
Central Coast Alliance for Health, Monterey	0.95	7.50	7.93
Rate for All Other Plan Codes	0.44	2.63	5.91

per 1,000 Member Months (By Age Group)

Overall Totals

	Overall Totals	•	
All Medi-Cal			
Age Range in Years	Admits	Days	ALOS
0 to < 1	6.08	85.64	14.09
1 to < 10	0.78	4.39	5.60
10 to < 20	0.84	4.91	5.81
20 to < 45	0.10	0.56	5.40
45 to < 65	0.01	0.03	3.24
65 to < 75	0.00	0.00	0.18
75 to < 85	0.00	0.00	7.50
85+	0.00	0.01	14.00
Medi-Cal Fee-For-Service	e Program		
Age Range in Years	Admits	Days	ALOS
0 to < 1	8.82	133.98	15.19
1 to < 10	1.17	6.95	5.95
10 to < 20	1.18	7.25	6.13
20 to < 45	0.13	0.71	5.43
45 to < 65	0.02	0.05	3.24
65 to < 75	0.00	0.00	0.18
75 to < 85	0.00	0.00	7.50
85+	0.00	0.01	14.00
Medi-Cal Managed Care			
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.24	49.25	11.62
1 to < 10	0.62	3.25	5.27
10 to < 20	0.63	3.38	5.38
20 to < 45	0.06	0.33	5.19
45 to < 65	0.00	0.00	3.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Geographic Managed Ca		0.00	0.00
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.69	42.50	9.07
1 to < 10	0.76	3.71	4.90
10 to < 20	0.74	3.78	5.11
20 to < 45	0.07	0.42	5.72
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Two Plan Model	0.00	0.00	0.00
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.41	50.05	11.36
1 to < 10	0.56	2.93	5.25
10 to < 20	0.57	2.93	5.14
20 to < 45	0.05	0.25	4.63
45 to < 65	0.00	0.00	3.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00

(By Age Group)

Overall Totals (continued)

	Overall Totals (cont	inuea)	
County Organized Health Sys			
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.56	49.82	14.00
1 to < 10	0.85	4.72	5.56
10 to < 20	0.89	5.87	6.58
20 to < 45	0.11	0.67	6.37
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
All other Plan Codes			
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.97	26.08	6.56
1 to < 10	0.70	2.94	4.18
10 to < 20	0.56	3.77	6.71
20 to < 45	0.13	1.23	9.57
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
00+	0.00	0.00	0.00
G	Seographic Managed C	Care Plans	
Sharp Health Plan, San Diego	• •		
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.98	43.01	8.63
1 to < 10	0.85	4.60	5.41
10 to < 20	0.84	4.00	4.78
20 to < 45	0.03	0.11	4.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Universal Care, San Diego	A desite	Davis	AL 00
Age Range in Years	Admits	Days	ALOS
0 to < 1	5.44	36.11	6.63
1 to < 10	0.67	2.66	4.00
10 to < 20	0.96	5.34	5.57
20 to < 45	0.07	1.50	22.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Community Health Group, Sa			
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.74	46.23	12.36
1 to < 10	0.85	3.85	4.51
10 to < 20	0.58	3.29	5.68
20 to < 45	0.08	0.55	7.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00

* per 1,000 Member Months (By Age Group)

Geographic Managed Care Plans (continued)

•	rapnic Managed Care P	ians (continued)	
Blue Cross of California, Sa		_	
Age Range in Years	Admits	Days	ALOS
0 to < 1	6.53	46.04	7.05
1 to < 10	0.93	4.68	5.01
10 to < 20	0.75	2.22	2.95
20 to < 45	0.18	0.82	4.50
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
University of Cal-San Diego			
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.49	22.36	4.98
1 to < 10	0.90	4.64	5.16
10 to < 20	0.77	2.41	3.12
20 to < 45	0.03	0.00	0.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Health Net, San Diego			
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.56	16.63	4.67
1 to < 10	0.98	4.70	4.80
10 to < 20	1.02	4.91	4.80
20 to < 45	0.00	0.00	0.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Kaiser Foundation Health P	lan, San Diego		
Age Range in Years	Admits	Days	ALOS
0 to < 1	5.77	32.11	5.56
1 to < 10	0.29	1.21	4.22
10 to < 20	0.75	6.77	9.09
20 to < 45	0.20	1.12	5.50
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Molina Health Care of Califo	ornia, Sacramento		
Age Range in Years	Admits	Days	ALOS
0 to < 1	5.33	57.55	10.80
1 to < 10	0.45	2.01	4.47
10 to < 20	0.68	3.75	5.55
20 to < 45	0.09	0.34	4.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
	5.55	0.00	0.00

per 1,000 Member Months (By Age Group)

Geographic Managed Care Plans (continued)

_	apriic manayeu care r	ians (continued)	
Western Health Advantage, S Age Range in Years	Admits	Days	ALOS
0 to < 1	4.54	36.17	7.96
1 to < 10	0.74	2.82	3.79
10 to < 20	0.80	5.30	6.66
20 to < 45	0.06	0.20	3.33
45 to < 65	0.00	0.20	0.00
	0.00	0.00	0.00
65 to < 75			0.00
75 to < 85 85+	0.00	0.00	0.00
	0.00	0.00	0.00
Health Net, Sacramento Age Range in Years	Admits	Dava	ALOS
0 to < 1	4.03	Days 42.28	10.49
1 to < 10	0.76	3.47	4.56
10 to < 20	0.70	3.76	5.35
20 to < 45	0.70		4.44
		0.45	
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Kaiser, Sacramento	A disaida	Davis	AL OC
Age Range in Years 0 to < 1	Admits 3.36	Days 32.74	ALOS 9.74
1 to < 10	0.64	3.29	5.15
10 to < 20	0.45	2.77	6.13
20 to < 45	0.06	0.12	2.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Blue Cross of California, Sac		Davis	41.00
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.95	50.65	10.24
1 to < 10	0.67	3.62	5.41
10 to < 20	0.86	3.83	4.47
20 to < 45	0.07	0.48	6.78
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
	Two Plan Model F	Dlane	
Alamada Allianaa far Haalth		rialis	
Alameda Alliance for Health,	Alameda Admits	Dave	ALOS
Age Range in Years 0 to < 1	3.77	Days 42 .1 7	11.19
1 to < 10	0.61	42.17	7.52
10 to < 20	0.67		7.52 5.80
		3.89	
20 to < 45	0.09	0.91	9.70
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00

(By Age Group)

Blue Cross of Californi	a Alamoda	Continued	
Age Range in Years	Admits	Days	ALOS
0 to < 1	6.28	97.18	15.48
1 to < 10	0.57	2.41	4.24
10 to < 20	0.75	5.39	7.19
20 to < 45	0.75		9.25
		0.84	
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Contra Costa Health Pl	•	Davis	A1.00
Age Range in Years 0 to < 1	Admits 3.01	Days 28 .09	ALOS 9.34
1 to < 10	0.41	2.61	6.28
	0.41		6.04
10 to < 20		4.05	
20 to < 45	0.05	0.15	3.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Blue Cross of Californi			41.00
Age Range in Years	Admits	Days	ALOS
0 to < 1	7.21	124.23	17.24
1 to < 10	0.92	2.92	3.19
10 to < 20	0.88	4.01	4.57
20 to < 45	0.00	0.00	0.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Kern Family Health Car		_	
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.94	55.62	11.25
1 to < 10	0.62	3.09	4.98
10 to < 20	0.67	4.44	6.64
20 to < 45	0.10	0.70	6.76
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Blue Cross of Californi	•	_	
Age Range in Years	Admits	Days	ALOS
0 to < 1	5.48	51.11	9.33
1 to < 10	0.63	3.59	5.74
10 to < 20	0.88	4.24	4.84
20 to < 45	0.04	0.49	11.40
45 to < 65	0.04	0.04	1.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00

per 1,000 Member Months (By Age Group)

	Two Plan Model Plans (continued)	
LA CARE Health Plan, Los	Angeles		
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.72	42.97	11.56
1 to < 10	0.51	2.48	4.87
10 to < 20	0.48	2.11	4.37
20 to < 45	0.03	0.07	2.07
45 to < 65	0.00	0.01	5.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Health Net, Los Angeles			
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.95	50.12	12.69
1 to < 10	0.44	2.20	4.99
10 to < 20	0.49	2.74	5.59
20 to < 45	0.04	0.13	3.25
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Inland Empire Health Plan		5.55	0.00
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.02	50.71	12.63
1 to < 10	0.57	3.44	6.01
10 to < 20	0.52	2.24	4.28
20 to < 45	0.05	0.31	5.93
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Molina Health Care of Cali		0.00	0.00
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.00	37.51	12.52
1 to < 10	0.58	4.26	7.37
10 to < 20	0.80	4.82	6.00
20 to < 45	0.05	0.16	3.20
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Inland Empire Health Plan		0.00	0.00
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.89	53.71	10.99
1 to < 10	0.78	4.71	6.01
10 to < 20	0.77	4.28	5.53
20 to < 45	0.06	0.27	4.62
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
75 to < 65 85+	0.00	0.00	0.00
OUT	0.00	0.00	0.00

per 1,000 Member Months (By Age Group)

	rmia San Barnardina	continueu _j	
Molina Health Care of Califo Age Range in Years	Admits	Days	ALOS
0 to < 1	4.95	51.18	10.33
1 to < 10	0.69	3.96	5.71
10 to < 20	0.65	3.45	5.33
20 to < 45	0.10	0.72	7.07
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
San Francisco Health Plan,		_	
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.08	39.27	12.73
1 to < 10	0.60	2.87	4.78
10 to < 20	0.57	2.91	5.06
20 to < 45	0.05	0.16	3.50
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Blue Cross of California, Sa			
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.88	32.28	8.32
1 to < 10	0.70	4.57	6.57
10 to < 20	0.72	2.99	4.14
20 to < 45	0.11	1.43	12.80
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Health Plan of San Joaquin	-		
Age Range in Years	Admits	Days	ALOS
0 to < 1	6.47	58.16	8.99
1 to < 10	0.85	3.38	3.97
10 to < 20	0.72	2.83	3.90
20 to < 45	0.22	0.69	3.14
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Blue Cross of California, Sa	ın Joaquin		
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.91	51.06	10.40
1 to < 10	0.56	3.57	6.39
10 to < 20	0.66	4.22	6.35
20 to < 45	80.0	0.43	5.40
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00

(By Age Group)

	an Model Flans	(continued)	
Santa Clara Family Health Plan, San		Dovo	AL OS
Age Range in Years 0 to < 1	Admits 3.83	Days 46.58	ALOS 12.15
1 to < 10	0.52	2.69	5.22
10 to < 20	0.46	2.71	5.91
20 to < 45	0.06	0.33	5.80
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Blue Cross of California, Santa Clar		_	
Age Range in Years	Admits	Days	ALOS
0 to < 1	4.33	43.84	10.13
1 to < 10	0.81	3.91	4.81
10 to < 20	0.41	3.16	7.62
20 to < 45	0.01	0.01	1.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Blue Cross/Stanislaus Local Initiative	ve, Stanislaus		
Age Range in Years	Admits	Days	ALOS
0 to < 1	5.64	60.35	10.71
1 to < 10	0.68	3.70	5.41
10 to < 20	0.64	3.68	5.77
20 to < 45	0.06	0.27	4.43
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Blue Cross of California LI, Tulare			
Age Range in Years	Admits	Days	ALOS
0 to < 1	5.50	56.95	10.36
1 to < 10	0.71	3.74	5.28
10 to < 20	0.45	2.47	5.49
20 to < 45	0.05	0.19	3.78
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Health Net, Tulare			
Age Range in Years	Admits	Days	ALOS
0 to < 1	8.87	78.01	8.79
1 to < 10	0.70	3.74	5.30
10 to < 20	0.68	3.13	4.58
20 to < 45	0.17	0.52	3.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
55	0.00	5.00	0.00

* per 1,000 Member Months (By Age Group)

Blue Cross of California, Fr	osno	continueu)	
Age Range in Years	Admits	Days	ALOS
0 to < 1	7.43	69.30	9.33
1 to < 10	0.71	3.91	5.53
10 to < 20	0.82	4.19	5.09
20 to < 45	0.07	0.43	6.15
45 to < 65	0.00	0.43	0.00
	0.00	0.00	0.00
65 to < 75			
75 to < 85 85+	0.00	0.00	0.00 0.00
Health Net, Fresno	0.00	0.00	0.00
Age Range in Years	Admits	Dava	ALOS
0 to < 1	8.29	Days 81.11	9.79
1 to < 10	0.75	3.44	4.59
10 to < 20	0.73	3.25	4.39
20 to < 45	0.74	0.13	2.20
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Co	unty Organized Health S	System Plans	
Santa Barbara Health Initiat		by Sterri France	
Age Range in Years	Admits	Days	ALOS
0 to < 1	0.00	0.00	0.00
1 to < 10	0.00	0.00	0.00
10 to < 20	0.00	0.00	0.00
20 to < 45	0.00	0.00	0.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Health Plan of San Mateo, S		0.00	0.00
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.22	38.96	12.11
1 to < 10	0.80	3.76	4.73
10 to < 20	0.78	8.04	10.26
20 to < 45	0.24	2.71	11.36
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
		0.00	0.00
Partnership Health Plan of C Age Range in Years	Admits	Days	ALOS
0 to < 1	4.64	59.11	12.75
1 to < 10	0.49	1.72	3.49
10 to < 20	0.49	5.40	7.40
20 to < 45	0.05	0.26	5.14
45 to < 65	0.05	0.20	0.00
45 to < 75	0.00		0.00
		0.00	
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00

per 1,000 Member Months (By Age Group)

County Organized Health System Plans (continued)

County Organized Health System Plans (continued)			
Partnership Health Plan of		_	
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.30	56.92	17.26
1 to < 10	0.54	3.77	6.94
10 to < 20	0.23	1.08	4.60
20 to < 45	0.00	0.00	0.00
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Partnership Health Plan of	California, Yolo		
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.33	32.78	9.84
1 to < 10	0.73	3.88	5.31
10 to < 20	0.48	2.34	4.90
20 to < 45	0.07	0.33	4.40
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
CalOPTIMA, Orange			
Age Range in Years	Admits	Days	ALOS
0 to < 1	3.51	55.25	15.75
1 to < 10	1.02	5.82	5.70
10 to < 20	1.05	6.70	6.40
20 to < 45	0.13	0.78	6.04
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Central Coast Alliance for H		0.00	0.00
Age Range in Years	Admits	Days	ALOS
0 to < 1	6.92	77.31	11.18
1 to < 10	0.93	5.08	5.45
10 to < 20	1.33	9.47	7.10
20 to < 45	0.20	0.53	2.60
45 to < 65	0.00	0.00	0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
		0.00	0.00
Central Coast Alliance for H Age Range in Years	Admits	Days	ALOS
0 to < 1	5.16	59.99	11.63
1 to < 10	1.04	6.15	5.92
10 to < 20	1.24	6.83	5.51
20 to < 45	0.06	0.34	5.33
45 to < 65	0.00	0.34	
			0.00
65 to < 75	0.00	0.00	0.00
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00

(By Aid Code Range)

Overall Totals

All Medi-Cal			
Aid Code Category	Admits	Days	ALOS
Family	0.58	5.23	9.09
Youth Related	0.87	8.64	9.88
Aged, Blind, Disabled	0.86	5.95	6.92
Other Aid Codes	1.06	7.03	6.62
Medi-Cal Fee-For-Service Program			
Aid Code Category	Admits	Days	ALOS
Family	0.73	7.75	10.62
Youth Related	0.95	10.87	11.46
Aged, Blind, Disabled	0.67	4.79	7.13
Other Aid Codes	1.11	7.34	6.60
Medi-Cal Managed Care (selected plans)			
Aid Code Category	Admits	Days	ALOS
Family	0.48	3.53	7.34
Youth Related	0.79	5.74	7.29
Aged, Blind, Disabled	1.81	11.70	6.46
Other Aid Codes	0.13	1.18	9.00
Geographic Managed Care			
Aid Code Category	Admits	Days	ALOS
Family	0.54	3.28	6.03
Youth Related	0.97	5.14	5.32
Aged, Blind, Disabled	2.90	18.17	6.25
Other Aid Codes	0.00	0.00	0.00
Two Plan Model			
Aid Code Category	Admits	Days	ALOS
Family	0.46	3.32	7.22
Youth Related	0.64	4.04	6.34
Aged, Blind, Disabled	3.57	22.54	6.31
Other Aid Codes	3.07	27.61	9.00
County Organized Health Systems			
Aid Code Category	Admits	Days	ALOS
Family	0.55	5.05	9.12
Youth Related	1.31	12.95	9.86
Aged, Blind, Disabled	0.73	5.08	6.94
Other Aid Codes	0.00	0.00	0.00
All Other Plan Codes			
Aid Code Category	Admits	Days	ALOS
Family	0.33	2.45	7.34
Youth Related	1.57	10.15	6.48
Aged, Blind, Disabled	0.38	1.29	3.36
Other Aid Codes	0.00	0.00	0.00

* per 1,000 Member Months
(By Aid Code Range)

Geographic Managed Care Plans

Geog	rapnic Managed Care F	rians	
Sharp Health Plan, San Diego			
Aid Code Category	Admits	Days	ALOS
Family	0.66	3.56	5.38
Youth Related	1.04	5.75	5.52
Aged, Blind, Disabled	4.57	42.23	9.24
Other Aid Codes	0.00	0.00	0.00
Universal Care, San Diego			
Aid Code Category	Admits	Days	ALOS
Family	0.66	3.75	5.67
Youth Related	0.94	5.59	5.94
Aged, Blind, Disabled	5.88	30.90	5.26
Other Aid Codes	0.00	0.00	0.00
Community Health Group, San Diego			
Aid Code Category	Admits	Days	ALOS
Family	0.53	3.64	6.88
Youth Related	0.70	3.72	5.29
Aged, Blind, Disabled	3.15	19.45	6.18
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, San Diego			
Aid Code Category	Admits	Days	ALOS
Family	0.79	3.86	4.90
Youth Related	1.71	11.42	6.68
Aged, Blind, Disabled	5.63	29.29	5.20
Other Aid Codes	0.00	0.00	0.00
University of Cal-San Diego Health Pla	an		
Aid Code Category	Admits	Days	ALOS
Family	0.61	2.62	4.33
Youth Related	1.09	4.29	3.94
Aged, Blind, Disabled	3.98	20.71	5.21
Other Aid Codes	0.00	0.00	0.00
Health Net, San Diego			
Aid Code Category	Admits	Days	ALOS
Family	0.72	3.41	4.75
Youth Related	1.25	3.80	3.06
Aged, Blind, Disabled	4.52	27.40	6.06
Other Aid Codes	0.00	0.00	0.00
Kaiser Foundation Health Plan, San D	iego		
Aid Code Category	Admits	Days	ALOS
Family	0.36	2.75	7.58
Youth Related	1.49	3.63	2.43
Aged, Blind, Disabled	1.01	6.53	6.50
Other Aid Codes	0.00	0.00	0.00
Molina Health Care of California, Sacr	amento		
Aid Code Category	Admits	Days	ALOS
Family	0.49	3.26	6.60
Youth Related	0.94	6.88	7.33
Aged, Blind, Disabled	1.49	9.75	6.52
Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

Geographic Managed Care (continued)

<u> </u>	nic Managed Care (cor	itinuea)	
Western Health Advantage, Sacramen	ito		
Aid Code Category	Admits	Days	ALOS
Family	0.45	2.55	5.67
Youth Related	0.59	1.19	2.00
Aged, Blind, Disabled	1.89	12.05	6.38
Other Aid Codes	0.00	0.00	0.00
Health Net, Sacramento			
Aid Code Category	Admits	Days	ALOS
Family	0.48	3.02	6.26
Youth Related	0.86	1.88	2.20
Aged, Blind, Disabled	3.74	20.63	5.52
Other Aid Codes	0.00	0.00	0.00
Kaiser, Sacramento			
Aid Code Category	Admits	Days	ALOS
Family	0.30	2.04	6.89
Youth Related	0.99	7.41	7.50
Aged, Blind, Disabled	1.01	4.33	4.28
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Sacramento	0.00	3.33	0.00
Aid Code Category	Admits	Days	ALOS
Family	0.52	3.28	6.36
Youth Related	0.69	4.21	6.08
Aged, Blind, Disabled	3.48	19.96	5.73
Other Aid Codes	0.00	0.00	0.00
	0.00	0.00	0.00
•	Two Plan Model Plans		
Alameda Alliance for Health, Alameda			
Aid Code Category	Admits	Days	ALOS
Family	0.43	3.36	7.91
Youth Related	0.72	5.11	7.08
Aged, Blind, Disabled	2.26	19.79	8.74
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Alameda			
Aid Code Category	Admits	Days	ALOS
Family	0.60	6.24	10.34
Youth Related	1.29	11.67	9.03
Aged, Blind, Disabled	2.12	15.83	7.46
Other Aid Codes	0.00	0.00	0.00
Contra Costa Health Plan, Contra Cos	ta		
Aid Code Category	Admits	Days	ALOS
Family	0.40	2.66	6.70
Youth Related	0.56	4.11	7.40
Aged, Blind, Disabled	1.55	11.53	7.46
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Contra Costa			
Aid Code Category	Admits	Days	ALOS
Family	0.95	10.16	10.73
Youth Related	1.38	13.80	10.00
Aged, Blind, Disabled	3.07	8.09	2.64
Other Aid Codes	0.00	0.00	0.00
· - · · · · · · · · · · · · · · · ·			0.00

* per 1,000 Member Months
(By Aid Code Range)

11	wo Pian Wodei (Continue	a)	
Kern Family Health Care, Kern			
Aid Code Category	Admits	Days	ALOS
Family	0.52	4.04	7.73
Youth Related	1.19	12.62	10.59
Aged, Blind, Disabled	4.23	22.32	5.28
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Kern			
Aid Code Category	Admits	Days	ALOS
Family	0.53	3.67	6.90
Youth Related	0.46	3.96	8.63
Aged, Blind, Disabled	2.88	16.77	5.83
Other Aid Codes	0.00	0.00	0.00
LA CARE Health Plan, Los Angeles			
Aid Code Category	Admits	Days	ALOS
Family	0.40	2.60	6.55
Youth Related	0.54	2.78	5.11
Aged, Blind, Disabled	3.67	23.31	6.35
Other Aid Codes	0.00	0.00	0.00
Health Net, Los Angeles	0.00	0.00	0.00
Aid Code Category	Admits	Days	ALOS
Family	0.41	3.07	7.55
Youth Related	0.48	2.45	5.07
Aged, Blind, Disabled	3.23	22.56	6.98
Other Aid Codes	0.00	0.00	0.00
Inland Empire Health Plan, Riverside		0.00	0.00
Aid Code Category	Admits	Days	ALOS
Family	0.46	3.72	8.17
Youth Related	0.85	7.15	8.43
Aged, Blind, Disabled	3.56	23.27	6.54
Other Aid Codes	0.00	0.00	0.00
Molina Health Care of California, Riv		0.00	0.00
Aid Code Category	Admits	Days	ALOS
Family	0.52	4.41	8.53
Youth Related	0.92	7.56	8.19
Aged, Blind, Disabled	7.38	46.05	6.24
_	0.00	0.00	0.24
Other Aid Codes Inland Empire Health Plan, San Bern		0.00	0.00
•		Davis	A1.00
Aid Code Category	Admits 0.56	Days 4 .11	ALOS 7.39
Family		7.06	
Youth Related	0.89	7.00 33.35	7.93
Aged, Blind, Disabled	5.16		6.46
Other Aid Codes	0.00	0.00	0.00
Molina Health Care of California, Sar		_	
Aid Code Category	Admits	Days	ALOS
Family	0.58	4.01	6.95
Youth Related	0.77	6.73	8.74
Aged, Blind, Disabled	5.34	34.65	6.49
Other Aid Codes	0.00	0.00	0.00

* per 1,000 Member Months
(By Aid Code Range)

Add Code Category Admits Days ALOS Family O.40 O.58 O.58 O.58 O.59 O.59	San Francisco Health Plan, San Franc	isco	,	
Youth Related 0.58 1.95 3.37 Aged, Blind, Disabled 1.75 7.97 4.55 Other Aid Codes 0.00 0.00 0.00 Buc Cross of California, San Francisco Admits Days ALOS Aid Code Category Admits 2.55 5.33 Youth Related 0.31 1.13 3.60 Aged, Blind, Disabled 2.24 22.00 9.83 Other Aid Codes 0.00 0.00 0.00 Health Plan of San Joaquin, San Joaquin Admits Days ALOS Family 0.69 3.81 5.55 Youth Related 1.05 7.90 7.52 Aged, Blind, Disabled 4.00 15.77 3.94 Other Aid Codes 0.00 0.00 0.00 Blue Cross of California, San Joaquin Admits Days ALOS Family 0.52 4.19 8.08 Youth Related 0.77 5.71 7.45 Aged, Blind, Disabled 3.61 2	Aid Code Category	Admits	Days	ALOS
Aged, Blind, Disabled 1,75 7,97 4,55 Other Aid Codes 0.00 0.00 0.00 Blue Cross of California, San Francisco Admits Days ALOS Aid Code Category Admits Days ALOS Family 0.48 2.55 5.33 Youth Related 0.31 1.13 3.60 Aged, Blind, Disabled 2.24 22.00 9.83 Other Aid Codes 0.00 0.00 0.00 Health Plan of San Joaquin, San Joaquin Admits Days ALOS Family 0.69 3.81 5.55 Youth Related 1.05 7.90 7.52 Aged, Blind, Disabled 4.00 15.77 3.94 Other Aid Codes 0.00 0.00 0.00 Bramily 0.52 4.19 8.08 Youth Related 0.77 5.71 7.45 Aged, Blind, Disabled 3.61 2.198 6.09 Other Aid Codes 0.00 0.00 0.00 <td>Family</td> <td>0.40</td> <td>3.47</td> <td>8.58</td>	Family	0.40	3.47	8.58
Other Aid Codes 0.00 0.00 Blue Cross of California, San Francisco Admits Days ALOS Aid Code Category Admits Days ALOS Family 0.48 2.55 5.33 Youth Related 0.31 1.13 3.60 Aged, Blind, Disabled 2.24 22.00 9.83 Other Aid Codes 0.00 0.00 0.00 Health Plan of San Joaquin, San Joaquin Admits Days ALOS Family 0.69 3.81 5.55 Youth Related 1.05 7.90 7.52 Aged, Blind, Disabled 4.00 15.77 3.94 Other Aid Codes 0.00 0.00 0.00 0.00 Blue Cross of California, San Joaquin Admits Days ALOS Family 0.52 4.19 8.08 Youth Related 0.77 5.71 7.45 Aged, Blind, Disabled 3.61 2.198 6.09 Other Aid Codes 0.00 0.00	Youth Related	0.58	1.95	3.37
Blue Cross of California, San Francisco	Aged, Blind, Disabled	1.75	7.97	4.55
Addition	Other Aid Codes	0.00	0.00	0.00
Addition	Blue Cross of California, San Francisc	: 0		
Family			Days	ALOS
Youth Related 0.31 1.13 3.60 Aged, Blind, Disabled 2.24 22.00 9.83 Other Aid Codes 0.00 0.00 0.00 Health Plan of San Joaquin, San Joaquin Admits Days ALOS Family 0.69 3.81 5.55 Youth Related 1.05 7.90 7.52 Aged, Blind, Disabled 4.00 15.77 3.94 Other Aid Codes 0.00 0.00 0.00 0.00 Blue Cross of California, San Joaquin Admits Days ALOS Family 0.52 4.19 8.08 Youth Related 0.77 5.71 7.45 Aged, Blind, Disabled 3.61 21.98 6.09 Other Aid Codes 0.00 0.00 0.00 0.00 Santa Clara Family Health Plan, Santa Clara Admits Days ALOS Family 0.44 3.64 8.29 Youth Related 0.74 6.12 8.27 Aged, Blind, Disabled <td><u> </u></td> <td>0.48</td> <td></td> <td>5.33</td>	<u> </u>	0.48		5.33
Other Aid Codes 0.00 0.00 Health Plan of San Joaquin, San Joaquin Admits Days ALOS Family 0.69 3.81 5.55 Youth Related 1.05 7.90 7.52 Aged, Blind, Disabled 4.00 15.77 3.94 Other Aid Codes 0.00 0.00 0.00 Blue Cross of California, San Joaquin Bays ALOS Aid Code Category Admits Days ALOS Family 0.52 4.19 8.08 Youth Related 0.77 5.71 7.45 Aged, Blind, Disabled 3.61 21.98 6.09 Other Aid Codes 0.00 0.00 0.00 Santa Clara Family Health Plan, Santa Clara Los Aloc Category Admits Days ALOS Family 0.44 3.64 8.29 Youth Related 0.74 6.12 8.27 Aged, Blind, Disabled 2.97 22.01 7.41 0.00 0.00 Blue Cross of California, Santa Clara		0.31	1.13	3.60
Other Aid Codes 0.00 0.00 Health Plan of San Joaquin, San Joaquin Admits Days ALOS Family 0.69 3.81 5.55 Youth Related 1.05 7.90 7.52 Aged, Blind, Disabled 4.00 15.77 3.94 Other Aid Codes 0.00 0.00 0.00 Blue Cross of California, San Joaquin Admits Days ALOS Family 0.52 4.19 8.08 Youth Related 0.77 5.71 7.45 Aged, Blind, Disabled 3.61 21.98 6.09 Other Aid Codes 0.00 0.00 0.00 Santa Clara Family Health Plan, Santa Clara Aid Code Category Admits Days ALOS Family 0.44 3.64 8.29 Youth Related 0.74 6.12 8.27 Aged, Blind, Disabled 2.97 22.01 7.41 Other Aid Code Category Admits Days ALOS Family	Aged, Blind, Disabled	2.24	22.00	9.83
Health Plan of San Joaquin, San Joaquin	=	0.00	0.00	
Aid Code Category Admits Days ALOS Family 0.69 3.81 5.55 Youth Related 1.05 7.90 7.52 Aged, Blind, Disabled 4.00 15.77 3.94 Other Aid Codes 0.00 0.00 0.00 Blue Cross of California, San Joaquin Week Category Admits Days ALOS Family 0.52 4.19 8.08 Youth Related 0.77 5.71 7.45 Aged, Blind, Disabled 3.61 21.98 6.09 Other Aid Codes 0.00 0.00 0.00 Santa Clara Family Health Plan, Santa Clara Alos ALOS Family 0.44 3.64 8.29 Youth Related 0.74 6.12 8.27 Aged, Blind, Disabled 2.97 22.01 7.41 Other Aid Codes 0.00 0.00 0.00 Blue Cross of California, Santa Clara Admits Days ALOS Family 0.36 2.71				
Family			Davs	ALOS
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Other Aid Codes 0.00 0.00				
	Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

	I WO Flatt Model (Collinue	su)	
Health Net, Tulare			
Aid Code Category	Admits	Days	ALOS
Family	0.67	4.57	6.79
Youth Related	1.74	11.87	6.84
Aged, Blind, Disabled	9.00	33.98	3.77
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Fresno			
Aid Code Category	Admits	Days	ALOS
Family	0.64	4.32	6.76
Youth Related	1.22	9.00	7.37
Aged, Blind, Disabled	3.94	23.75	6.03
Other Aid Codes	100.00	900.00	9.00
Health Net, Fresno			
Aid Code Category	Admits	Days	ALOS
Family	0.67	5.02	7.55
Youth Related	1.43	8.78	6.15
Aged, Blind, Disabled	9.33	31.76	3.41
Other Aid Codes	0.00	0.00	0.00
Coun	ity Organized Health Syste	em Plans	
Santa Barbara Health Initiative, Sa	anta Barbara		
Aid Code Category	Admits	Days	ALOS
Family	0.00	0.00	0.00
Youth Related	0.00	0.00	0.00
Aged, Blind, Disabled	0.00	0.00	0.00
Other Aid Codes	0.00	0.00	0.00
Health Plan of San Mateo, San Ma	teo		
Aid Code Category	Admits	Days	ALOS
Family	0.56	5.07	9.03
Youth Related	1.27	13.29	10.48
Aged, Blind, Disabled	0.40	2.80	6.97
Other Aid Codes	0.00	0.00	0.00
Partnership Health Plan of Califor	nia, Solano		
Aid Code Category	Admits	Days	ALOS
Family	0.47	3.47	7.35
Youth Related	1.26	15.30	12.15
Aged, Blind, Disabled	0.46	4.00	8.75
Other Aid Codes	0.00	0.00	0.00
Partnership Health Plan of Califor	nia, Napa		
Aid Code Category	Admits	Days	ALOS
Family	0.33	4.27	12.91
Youth Related	0.31	4.91	15.67
Aged, Blind, Disabled	0.46	4.85	10.53
Other Aid Codes	0.00	0.00	0.00
Partnership Health Plan of Califor	nia, Yolo		
Aid Code Category	Admits	Days	ALOS
Family	0.35	2.55	7.18
Youth Related	0.82	7.93	9.64
Aged, Blind, Disabled	0.62	3.34	5.39
Other Aid Codes	0.00	0.00	0.00
			-

CCS Inpatient Admits*, Days*, and Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (By Aid Code Range)

County Organized Health Systems (continued)

CalOPTIMA, Orange			
Aid Code Category	Admits	Days	ALOS
Family	0.63	5.97	9.53
Youth Related	1.45	14.83	10.20
Aged, Blind, Disabled	0.86	5.91	6.90
Other Aid Codes	0.00	0.00	0.00
Central Coast Alliance for Health, Sa	anta Cruz		
Aid Code Category	Admits	Days	ALOS
Family	1.01	8.25	8.14
Youth Related	2.17	14.88	6.85
Aged, Blind, Disabled	0.69	6.10	8.86
Other Aid Codes	0.00	0.00	0.00
Central Coast Alliance for Health, M	onterey		
Aid Code Category	Admits	Days	ALOS
Family	0.67	6.16	9.16
Youth Related	1.51	12.10	7.99
Aged, Blind, Disabled	1.66	10.09	6.07
Other Aid Codes	0.00	0.00	0.00

(By Ethnicity)

Overall Totals

All Mardi Oal	Overall Totals		
All Medi-Cal Ethnic Group	Admits	Dava	ALOS
White	0.46	Days 3.92	8.44
Hispanic	0.40	5.68	8.88
Black	0.75	6.46	8.61
Asian & Pacific Islander	0.75	3.64	7.90
Native American/Alaskan	0.46	6.06	9.40
Other	0.05	0.67	5.56
	2.80	23.30	8.34
Missing/Invalid Medi-Cal Fee-For-Service Progran		23.30	0.34
Ethnic Group	Admits	Days	ALOS
White	0.45	4.17	9.25
Hispanic	0.75	7.63	10.22
Black	1.03	9.33	9.02
Asian & Pacific Islander	0.49	4.21	8.50
Native American/Alaskan	0.65	6.32	9.71
Other	0.07	0.57	7.85
Missing/Invalid	1.98	17.22	8.71
Medi-Cal Managed Care (selected		17.22	0.71
Ethnic Group	Admits	Days	ALOS
White	0.50	3.56	7.10
Hispanic	0.56	3.94	7.05
Black	0.59	4.74	7.96
Asian & Pacific Islander	0.44	3.12	7.13
Native American/Alaskan	0.64	5.40	8.44
Other	0.29	1.03	3.57
Missing/Invalid	5.58	41.55	7.45
Geographic Managed Care	3.30	41.00	7.40
Ethnic Group	Admits	Days	ALOS
White	0.56	3.13	5.63
Hispanic	0.68	3.77	5.54
Black	0.68	4.84	7.17
Asian & Pacific Islander	0.46	2.84	6.20
Native American/Alaskan	0.56	3.23	5.75
Other	0.43	0.14	0.33
Missing/Invalid	9.86	68.43	6.94
Two Plan Model			
Ethnic Group	Admits	Days	ALOS
White	0.50	3.65	7.25
Hispanic	0.52	3.49	6.76
Black	0.59	4.87	8.22
Asian & Pacific Islander	0.45	3.09	6.80
Native American/Alaskan	0.73	6.10	8.31
Other	0.55	2.06	3.76
Missing/Invalid	6.91	48.63	7.04
County Organized Health Systems	6		
Ethnic Group	Admits	Days	ALOS
White	0.45	3.62	7.97
Hispanic	0.73	6.45	8.86
Black	0.47	2.95	6.34
Asian & Pacific Islander	0.39	3.38	8.72
Native American/Alaskan	0.27	4.16	15.50
Other	0.00	0.00	0.00
Missing/Invalid	3.33	28.81	8.65

CCS Inpatient Admits*, Days*, and Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (By Ethnicity)

Overall Totals (continued)

	verall Totals (continu	ed)	
All Other Plan Codes			
Ethnic Group	Admits	Days	ALOS
White	0.34	2.65	7.70
Hispanic	0.62	3.73	5.98
Black	0.05	0.00	0.00
Asian & Pacific Islander	0.53	0.63	1.20
Native American/Alaskan	0.46	6.69	14.50
Other	0.00	0.00	0.00
Missing/Invalid	1.10	2.92	2.64
Geog	graphic Managed Care	e Plans	
Sharp Health Plan, San Diego			
Ethnic Group	Admits	Days	ALOS
White	0.70	3.93	5.64
Hispanic	0.86	4.36	5.10
Black	0.47	2.87	6.05
Asian & Pacific Islander	0.65	3.02	4.62
Native American/Alaskan	2.72	14.30	5.25
Other	2.02	0.00	0.00
Missing/Invalid	11.74	145.28	12.37
Universal Care, San Diego			
Ethnic Group	Admits	Days	ALOS
White	0.57	4.10	7.17
Hispanic	0.80	4.65	5.85
Black	0.91	4.95	5.42
Asian & Pacific Islander	0.36	2.38	6.67
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	20.15	89.55	4.44
Community Health Group, San Die		00.00	7.77
Ethnic Group	Admits	Days	ALOS
White	0.34	1.49	4.42
Hispanic	0.60	3.79	6.35
Black	0.72	5.68	7.91
Asian & Pacific Islander	0.48	4.08	8.44
Native American/Alaskan	0.00	0.00	0.00
Other	1.26	0.63	0.50
Missing/Invalid	12.70	87.06	6.86
Blue Cross of California, San Dieg		87.00	0.00
Ethnic Group	Admits	Days	ALOS
White	0.94	4.57	4.84
Hispanic	1.01	6.00	5.94
Black	0.59	1.84	3.12
Asian & Pacific Islander		1.81	
	0.63		2.88
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	18.70	127.18	6.80

(By Ethnicity)

Geographic Managed Care Plans (continued)

•	ic Managed Care Plans	s (continuea)	
University of Cal-San Diego Healt		_	
Ethnic Group	Admits	Days	ALOS
White	0.94	2.39	2.55
Hispanic	0.72	3.15	4.39
Black	0.42	2.84	6.75
Asian & Pacific Islander	0.58	2.42	4.17
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	14.10	84.60	6.00
Health Net, San Diego			
Ethnic Group	Admits	Days	ALOS
White	0.81	6.77	8.38
Hispanic	0.93	2.57	2.77
Black	1.00	2.69	2.69
Asian & Pacific Islander	0.11	0.23	2.00
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	12.05	111.11	9.22
Kaiser Foundation Health Plan, S	an Diego		
Ethnic Group	Admits	Days	ALOS
White	0.42	2.20	5.28
Hispanic	0.53	2.14	4.06
Black	0.60	8.24	13.79
Asian & Pacific Islander	0.26	0.92	3.50
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	1.59	3.58	2.25
Molina Health Care of California,		3.30	2.20
Ethnic Group	Admits	Days	ALOS
White	0.68	4.56	6.72
Hispanic	0.54	2.72	5.07
Black	0.66	4.95	7.44
Asian & Pacific Islander	0.31	2.17	6.89
Native American/Alaskan	1.29	3.88	3.00
Other	0.00	0.00	0.00
	3.08	16.56	5.38
Missing/Invalid		10.50	3.30
Western Health Advantage, Sacra		Dave	AL OC
Ethnic Group White	Admits 0.49	Days 3.00	ALOS 6.13
	0.49	0.91	2.14
Hispanic			
Black	0.60	3.30	5.53
Asian & Pacific Islander	0.77	6.09	7.88
Native American/Alaskan	1.31	13.14	10.00
Other	0.00	0.00	0.00
Missing/Invalid	4.72	28.93	6.13
Health Net, Sacramento			
Ethnic Group	Admits	Days	ALOS
White	0.68	4.20	6.13
Hispanic	0.44	2.19	4.96
Black	0.83	6.22	7.50
Asian & Pacific Islander	0.37	2.16	5.85
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	13.37	60.52	4.53

CCS Inpatient Admits*, Days*, and Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (By Ethnicity)

Geographic Managed Care Plans (continued)

Geograph	ic Managed Care Plans	(continued)	
Kaiser, Sacramento			
Ethnic Group	Admits	Days	ALOS
White	0.19	0.97	5.22
Hispanic	0.25	2.48	9.75
Black	0.64	3.64	5.69
Asian & Pacific Islander	0.36	3.20	9.00
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	3.01	14.19	4.71
Blue Cross of California, Sacrame			
Ethnic Group	Admits	Days	ALOS
White	0.51	2.91	5.67
Hispanic	0.59	3.78	6.41
Black	0.74	6.42	8.63
Asian & Pacific Islander	0.49	2.69	5.49
Native American/Alaskan	0.49	1.88	9.00
Other	0.00	0.00	0.00
Missing/Invalid	11.16	65.11	5.83
	Two Plan Model Plans	e	
Alameda Alliance for Health, Alam			
Ethnic Group	Admits	Days	ALOS
White	0.45	3.95	8.87
Hispanic	0.66	4.01	6.04
Black	0.57	4.35	7.67
Asian & Pacific Islander	0.30	4.33 2.48	8.31
Native American/Alaskan	0.88	15.01	17.00
Other	0.00	0.00	0.00
Missing/Invalid	6.60	77.79	11.79
Blue Cross of California, Alameda		_	
Ethnic Group	Admits	Days	ALOS
White	0.41	2.43	6.00
Hispanic	0.70	7.24	10.34
Black	0.82	8.54	10.35
Asian & Pacific Islander	0.51	4.75	9.26
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	6.48	73.41	11.33
Contra Costa Health Plan, Contra	Costa		
Ethnic Group	Admits	Days	ALOS
White	0.33	2.68	8.16
Hispanic	0.51	2.98	5.79
Black	0.60	4.39	7.31
Asian & Pacific Islander	0.21	1.04	5.00
Native American/Alaskan	0.76	0.00	0.00
Other	1.35	10.83	8.00
Missing/Invalid	3.09	27.52	8.92
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CCS Inpatient Admits*, Days*, and Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (By Ethnicity)

Blue Cross of California, Contra Cos	ta	imiada,	
Ethnic Group	Admits	Days	ALOS
White	0.86	7.84	9.11
Hispanic	1.57	7.75	4.95
Black	0.89	16.00	17.89
Asian & Pacific Islander	0.39	5.29	13.50
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	5.53	17.51	3.17
Kern Family Health Care, Kern			
Ethnic Group	Admits	Days	ALOS
White	0.68	5.92	8.76
Hispanic	0.58	4.41	7.56
Black	0.81	6.86	8.46
Asian & Pacific Islander	0.61	5.10	8.33
Native American/Alaskan	1.23	3.07	2.50
Other	0.00	0.00	0.00
Missing/Invalid	10.03	42.82	4.27
Blue Cross of California, Kern			
Ethnic Group	Admits	Days	ALOS
White	0.62	4.41	7.10
Hispanic	0.59	3.89	6.64
Black	0.81	4.22	5.21
Asian & Pacific Islander	1.35	8.88	6.58
Native American/Alaskan	0.55	1.11	2.00
Other	0.00	0.00	0.00
Missing/Invalid	5.52	45.10	8.17
LA CARE Health Plan, Los Angeles			
Ethnic Group	Admits	Days	ALOS
White	0.32	1.87	5.92
Hispanic	0.46	3.04	6.55
Black	0.52	3.63	6.98
Asian & Pacific Islander	0.54	3.43	6.39
Native American/Alaskan	0.35	5.02	14.40
Other	0.71	1.62	2.29
Missing/Invalid	3.54	22.79	6.44
Health Net, Los Angeles			
Ethnic Group	Admits	Days	ALOS
White	0.44	3.00	6.89
Hispanic	0.43	3.01	6.93
Black	0.54	4.95	9.17
Asian & Pacific Islander	0.35	2.64	7.46
Native American/Alaskan	0.28	0.56	2.00
Other	0.42	2.62	6.18
Missing/Invalid	4.07	33.73	8.29
Inland Empire Health Plan, Riverside		D	41.00
Ethnic Group	Admits 0.54	Days	ALOS
White	0.54	4.02	7.46
Hispanic	0.48	4.07	8.42
Black Asian & Pacific Islander	0.58	4.75 3.52	8.22 8.18
	0.43		
Native American/Alaskan	0.37	4.85	13.00
Other Missing/Invalid	0.00	0.00	0.00
Missing/Invalid	11.09	73.68	6.64

CCS Inpatient Admits*, Days*, and Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003 * per 1,000 Member Months

(By Ethnicity)

Molina Health Care of California, I	Riverside	itinada,	
Ethnic Group	Admits	Days	ALOS
White	0.57	3.74	6.53
Hispanic	0.54	4.34	8.03
Black	0.78	7.86	10.08
Asian & Pacific Islander	0.89	4.43	5.00
Native American/Alaskan	0.97	63.75	65.50
Other	0.00	0.00	0.00
Missing/Invalid	17.33	143.50	8.28
Inland Empire Health Plan, San Be	ernardino		
Ethnic Group	Admits	Days	ALOS
White	0.64	4.12	6.44
Hispanic	0.65	4.40	6.77
Black	0.60	5.86	9.79
Asian & Pacific Islander	0.82	5.44	6.65
Native American/Alaskan	0.58	3.32	5.75
Other	0.00	0.00	0.00
Missing/Invalid	13.10	92.58	7.07
Molina Health Care of California,	San Bernardino		
Ethnic Group	Admits	Days	ALOS
White	0.65	5.26	8.07
Hispanic	0.65	4.30	6.65
Black	0.67	4.15	6.17
Asian & Pacific Islander	0.67	4.77	7.13
Native American/Alaskan	0.00	0.00	0.00
Other	3.50	3.50	1.00
Missing/Invalid	12.49	103.57	8.29
San Francisco Health Plan, San F			
Ethnic Group	Admits	Days	ALOS
White	0.62	3.59	5.76
Hispanic	0.76	3.94	5.20
Black	0.67	7.50	11.15
Asian & Pacific Islander	0.11	0.45	4.21
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	3.64	16.39	4.50
Blue Cross of California, San Fran		Davis	41.00
Ethnic Group	Admits	Days	ALOS
White	0.48	1.17 2.24	2.46
Hispanic	0.76		2.95
Black	0.77	4.61	6.00
Asian & Pacific Islander	0.32	2.89	8.96
Native American/Alaskan Other	0.00	0.00	0.00
	0.00 5.78	0.00 68.28	0.00
Missing/Invalid		00.20	11.82
Health Plan of San Joaquin, San J Ethnic Group	Admits	Days	ALOS
White	0.79	5.59	7.11
Hispanic	0.79	3.69	4.67
Black	0.75	3.63	4.82
Asian & Pacific Islander	0.73	3.74	6.43
Native American/Alaskan	2.61	4.06	1.56
Other	0.00	0.00	0.00
Missing/Invalid	11.96	60.19	5.03
wiisoirig/irivalia	11.50	00.10	5.05

CCS Inpatient Admits*, Days*, and Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003 *per 1,000 Member Months

(By Ethnicity)

	Pian Wodel Pians (con	itinuea)	
Blue Cross of California, San Joac	-		
Ethnic Group	Admits	Days	ALOS
White	0.73	6.59	9.04
Hispanic	0.55	3.78	6.91
Black	0.72	3.54	4.93
Asian & Pacific Islander	0.18	2.66	14.60
Native American/Alaskan	0.78	3.88	5.00
Other	0.00	0.00	0.00
Missing/Invalid	6.46	64.64	10.00
Santa Clara Family Health Plan, Sa	anta Clara		
Ethnic Group	Admits	Days	ALOS
White	0.54	4.08	7.59
Hispanic	0.53	3.87	7.30
Black	0.66	6.88	10.45
Asian & Pacific Islander	0.32	3.05	9.67
Native American/Alaskan	0.99	14.57	14.67
Other	0.00	0.00	0.00
Missing/Invalid	10.39	97.12	9.35
Blue Cross of California, Santa Cla	ara		
Ethnic Group	Admits	Days	ALOS
White	0.66	7.96	12.05
Hispanic	0.46	2.72	5.89
Black	0.73	16.91	23.14
Asian & Pacific Islander	0.30	1.63	5.39
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	14.02	67.39	4.81
Blue Cross/Stanislaus Local Initia	tive, Stanislaus		
Ethnic Group	Admits	Days	ALOS
White	0.61	4.12	6.80
Hispanic	0.52	4.25	8.10
Black	0.38	10.34	26.88
Asian & Pacific Islander	0.62	2.45	3.92
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	11.90	60.48	5.08
Blue Cross of California LI, Tulare			
Ethnic Group	Admits	Days	ALOS
White	0.55	5.00	9.10
Hispanic	0.60	4.10	6.80
Black	0.35	5.90	16.67
Asian & Pacific Islander	0.39	2.15	5.50
Native American/Alaskan	0.43	0.43	1.00
Other	0.00	0.00	0.00
Missing/Invalid	12.66	76.18	6.02
Health Net, Tulare			
Ethnic Group	Admits	Days	ALOS
White	0.63	5.74	9.09
Hispanic	0.76	4.92	6.45
Black	0.46	4.83	10.50
Asian & Pacific Islander	1.22	2.18	1.78
Native American/Alaskan	1.40	8.38	6.00
Other	0.00	0.00	0.00
Missing/Invalid	31.36	129.07	4.12

CCS Inpatient Admits*, Days*, and Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (By Ethnicity)

Two	Plan Model Plans (con	tinued)	
Blue Cross of California, Fresno			
Ethnic Group	Admits	Days	ALOS
White	0.67	5.48	8.14
Hispanic	0.72	4.45	6.21
Black	0.85	6.80	8.00
Asian & Pacific Islander	0.66	4.28	6.50
Native American/Alaskan	3.22	14.35	4.46
Other	0.61	9.43	15.50
Missing/Invalid	12.53	81.28	6.49
Health Net, Fresno			
Ethnic Group	Admits	Days	ALOS
White	0.79	6.55	8.26
Hispanic	0.70	5.14	7.37
Black	1.11	6.85	6.18
Asian & Pacific Islander	1.17	4.34	3.72
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	22.57	84.40	3.74
County	Organized Health Syst	tom Plana	
-	•	leili Fialis	
Santa Barbara Health Initiative, Sa		Dava	ALOS
Ethnic Group White	Admits 0.00	Days 0.00	0.00
	0.00	0.00	0.00
Hispanic Black	0.00	0.00	0.00
Asian & Pacific Islander	0.00	0.00	0.00
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	0.00	0.00	0.00
Health Plan of San Mateo, San Ma		0.00	0.00
Ethnic Group	Admits	Days	ALOS
White	0.19	1.14	6.12
Hispanic	0.70	7.24	10.30
Black	0.47	3.92	8.42
Asian & Pacific Islander	0.39	2.92	7.45
Native American/Alaskan	1.11	53.39	48.00
Other	0.00	0.00	0.00
Missing/Invalid	2.54	17.83	7.02
Partnership Health Plan of Califor		17.00	7.02
Ethnic Group	Admits	Days	ALOS
White	0.47	3.90	8.36
Hispanic	0.50	6.18	12.32
Black	0.47	2.63	5.56
Asian & Pacific Islander	0.44	3.26	7.38
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	1.62	16.49	10.21
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CCS Inpatient Admits*, Days*, and Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (By Ethnicity)

County Organized Health System Plans (continued)

<u> </u>	illizeu Health System Pi	ans (continued)	
Partnership Health Plan of Califo		D	41.00
Ethnic Group	Admits	Days	ALOS
White	0.26	3.04	11.47
Hispanic	0.35	3.71	10.47
Black	0.73	6.59	9.00
Asian & Pacific Islander	1.14	20.72	18.20
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	2.04	16.29	8.00
Partnership Health Plan of Califo	rnia, Yolo		
Ethnic Group	Admits	Days	ALOS
White	0.29	1.86	6.37
Hispanic	0.37	2.91	7.77
Black	0.23	0.39	1.67
Asian & Pacific Islander	0.44	2.44	5.50
Native American/Alaskan	0.94	5.63	6.00
Other	0.00	0.00	0.00
Missing/Invalid	3.15	21.91	6.95
CalOPTIMA, Orange			
Ethnic Group	Admits	Days	ALOS
White	0.57	4.24	7.39
Hispanic	0.87	7.80	9.02
Black	0.55	4.06	7.39
Asian & Pacific Islander	0.34	3.10	9.10
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	4.17	40.24	9.65
Central Coast Alliance for Health			
Ethnic Group	Admits	Days	ALOS
White	0.80	8.48	10.61
Hispanic	1.05	7.11	6.76
Black	0.75	4.67	6.25
Asian & Pacific Islander	0.59	7.17	12.17
Native American/Alaskan	0.00	0.00	0.00
Other	0.00	0.00	0.00
Missing/Invalid	2.54	22.05	8.69
Central Coast Alliance for Health			0.00
Ethnic Group	Admits	Days	ALOS
White	0.49	4.27	8.74
Hispanic	0.91	7.52	8.30
Black	0.56	2.30	4.14
Asian & Pacific Islander	1.25	10.30	8.22
Native American/Alaskan	0.79	1.59	2.00
Other	0.00	0.00	0.00
Missing/Invalid	5.38	28.51	5.30
iviiooii ig/iiivaiia	0.00	20.01	5.50

	Asthma	Diabetes	All ER
Medi-Cal Program Rate	0.72	0.28	27.11
Medi-Cal Fee for Service Program Rate	0.60	0.37	24.69
Medi-Cal Managed Care (selected plans)	0.84	0.18	29.29
Geographic Managed Care Rate	1.10	0.19	30.13
Sharp Health Plan, San Diego	1.42	0.24	33.90
Universal Care, San Diego	1.49	0.21	38.27
Community Health Group, San Diego	0.87	0.11	19.56
Blue Cross of California, San Diego	1.41	0.08	38.73
University of Cal-San Diego Health Plan	1.11	0.15	28.45
Health Net, San Diego	0.34	0.04	16.95
Kaiser Foundation Health Plan, San Diego	0.56	0.06	33.44
Molina Health Care of California, Sacramento	0.98	0.14	28.62
Western Health Advantage, Sacramento	1.07	0.14	27.67
Health Net, Sacramento	0.32	0.02	13.10
Kaiser, Sacramento	1.04	0.47	33.94
Blue Cross of California, Sacramento	1.50	0.29	41.80
Two Plan Model Rate	0.79	0.13	27.86
Alameda Alliance for Health, Alameda	1.79	0.23	39.71
Blue Cross of California, Alameda	2.02	0.17	46.31
Contra Costa Health Plan, Contra Costa	2.14	0.33	61.09
Blue Cross of California, Contra Costa	1.70	0.23	49.94
Kern Family Health Care, Kern	0.72	0.15	21.75
Blue Cross of California, Kern	1.18	0.21	32.42
LA CARE Health Plan, Los Angeles	0.62	0.11	22.53
Health Net, Los Angeles	0.45	0.06	23.25
Inland Empire Health Plan, Riverside	0.88	0.18	34.18
Molina Health Care of California, Riverside	0.75	0.15	32.14
Inland Empire Health Plan, San Bernardino	1.01	0.17	28.48
Molina Health Care of California, San Bernardino	0.87 0.55	0.14 0.06	29.05 15.37
San Francisco Health Plan, San Francisco Blue Cross of California, San Francisco	0.55 0.72	0.06	23.66
Health Plan of San Joaquin, San Joaquin	0.72	0.03	27.67
Blue Cross of California, San Joaquin	0.72	0.14	39.23
Santa Clara Family Health Plan, Santa Clara	0.79	0.16	29.87
Blue Cross of California, Santa Clara	0.85	0.19	31.37
Blue Cross/Stanislaus Local Initiative, Stanislaus	0.97	0.22	51.90
Blue Cross of California LI, Tulare	1.43	0.28	45.98
Health Net, Tulare	0.37	0.05	18.87
Blue Cross of California, Fresno	1.40	0.18	39.92
Health Net, Fresno	0.37	0.02	15.41
County Organized Health Systems Rate	0.89	0.39	35.04
Santa Barbara Health Initiative, Santa Barbara	0.97	0.50	43.54
Health Plan of San Mateo, San Mateo	1.20	0.98	47.52
Partnership Health Plan of California, Solano	0.97	0.30	24.85
Partnership Health Plan of California, Napa	1.60	0.87	70.82
Partnership Health Plan of California, Yolo	1.94	0.98	53.63
CalOPTIMA, Orange	0.65	0.20	28.02
Central Coast Alliance for Health, Santa Cruz	0.84	0.43	39.66
Central Coast Alliance for Health, Monterey	1.19	0.51	45.00
Rate for All Other Plan Codes	1.29	0.51	41.94

Overall Totals

All Medi-Cal	0.000		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.97	0.00	61.26
1 to < 10	0.93	0.01	27.10
10 to < 20	0.60	0.05	18.97
20 to < 45	0.79	0.34	32.98
45 to < 65	0.83	1.18	35.36
65 to < 75	0.15	0.51	10.10
75 to < 85	0.13	0.37	9.15
85+	0.10	0.22	9.84
Medi-Cal Fee-For-Service Pro	gram		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.80	0.01	57.89
1 to < 10	0.82	0.01	23.83
10 to < 20	0.59	0.07	19.62
20 to < 45	0.67	0.35	29.20
45 to < 65	0.86	1.29	37.59
65 to < 75	0.14	0.47	9.43
75 to < 85	0.11	0.33	8.45
85+	0.09	0.20	9.13
Medi-Cal Managed Care (sele			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.08	0.00	63.04
1 to < 10	0.97	0.01	28.49
10 to < 20	0.60	0.04	18.48
20 to < 45	0.96	0.33	38.22
45 to < 65	0.76	0.95	30.85
65 to < 75	0.26	0.79	14.45
75 to < 85	0.25	0.62	14.14
85+	0.14	0.33	15.47
Geographic Managed Care			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.15	0.00	56.72
1 to < 10	1.25	0.02	26.34
10 to < 20	0.73	0.03	19.22
20 to < 45	1.38	0.40	43.45
45 to < 65	1.11	1.04	35.10
65 to < 75	0.23	1.15	21.15
75 to < 85	0.30	0.53	20.83
85+	0.47	1.41	20.73
Two Plan Model Age Range in Years	Asthma	Diabetes	All ED
0 to < 1	1.14	0.00	All ER 62.41
1 to < 10	0.92	0.00	27.43
10 to < 20	0.57	0.04	17.60
20 to < 45	0.83	0.27	35.39
45 to < 65	0.65	0.75	26.91
45 to < 75	0.45	0.67	18.08
75 to < 85	0.45	0.57	19.02
75 to < 65 85+	0.22	0.57	22.13
001	0.54	0.22	22.13

(By Age Group)

Overall Totals (continued)

County Organized Health Syst	ems	itiliacaj	
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.85	0.00	67.63
1 to < 10	1.06	0.01	36.24
10 to < 20	0.72	0.07	23.52
20 to < 45	1.33	0.60	48.85
45 to < 65	0.91	1.40	39.31
65 to < 75	0.22	0.79	13.39
75 to < 85	0.25	0.63	13.42
85+	0.12	0.32	14.96
All other Plan Codes	0.12	0.32	14.90
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	2.04	0.00	92.39
1 to < 10	1.71	0.03	45.58
10 to < 20	1.12	0.07	32.70
20 to < 45	1.96	0.72	63.03
45 to < 65	1.31	1.99	56.19
65 to < 75	0.10	0.58	9.96
75 to < 85	0.13	0.72	9.15
85+	0.24	0.16	6.13
G	eographic Managed	Care Plans	
Sharp Health Plan, San Diego	eograpine managea		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.19	0.00	63.03
1 to < 10	1.80	0.01	30.91
10 to < 20	1.01	0.03	21.93
20 to < 45	1.28	0.47	44.14
45 to < 65	1.52	2.13	38.90
65 to < 75	0.88	1.76	18.49
75 to < 85	0.00	1.80	35.97
85+	0.00	54.55	72.73
Universal Care, San Diego	0.00	54.55	12.13
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.36	0.00	70.34
1 to < 10	1.63	0.00	34.96
10 to < 20	1.11	0.07	25.32
20 to < 45	1.95	0.44	55.95
45 to < 65	1.30	2.01	37.53
65 to < 75		0.00	
	0.00		16.56
75 to < 85 85+	0.00	0.00	2.80
	0.00	0.00	0.00
Community Health Group, Sar	_	Diabataa	All ED
Age Range in Years 0 to < 1	Asthma 0.84	Diabetes 0.00	All ER
			38.33
1 to < 10	1.04	0.03	18.29
10 to < 20	0.58	0.01	13.51
20 to < 45	1.12	0.27	29.17
45 to < 65	0.86	0.47	21.01
65 to < 75	0.00	1.51	9.19
75 to < 85	0.18	0.72	7.75
85+	0.00	0.00	5.61

(By Age Group)

Geographic Managed Care Plans (continued)

_	rapilic Mariageu Care F	rians (continueu)	
Blue Cross of California, Sa	An Diego Asthma	Diabetes	All ER
Age Range in Years 0 to < 1	1.34	0.00	
			70.59
1 to < 10	1.75	0.00	36.23
10 to < 20	1.18	0.04	25.69
20 to < 45	1.33	0.11	47.66
45 to < 65	0.53	0.80	42.20
65 to < 75	1.68	0.00	13.47
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
University of Cal-San Diego			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.50	0.00	46.11
1 to < 10	1.18	0.02	24.58
10 to < 20	0.73	0.05	18.17
20 to < 45	1.50	0.35	42.27
45 to < 65	0.77	0.77	30.12
65 to < 75	0.00	0.00	13.61
75 to < 85	0.00	0.00	9.09
85+	0.00	0.00	40.00
Health Net, San Diego			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.26	0.00	34.19
1 to < 10	0.46	0.00	16.53
10 to < 20	0.27	0.00	10.98
20 to < 45	0.29	0.00	19.67
45 to < 65	0.00	0.57	16.58
65 to < 75	0.00	0.00	8.22
75 to < 85	0.00	5.13	15.38
85+	0.00	0.00	0.00
Kaiser Foundation Health P			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.36	0.00	41.49
1 to < 10	0.64	0.00	26.09
10 to < 20	0.26	0.00	25.34
20 to < 45	0.68	0.10	44.24
45 to < 65	1.17	0.23	47.36
65 to < 75	0.37	0.37	37.84
75 to < 85	0.00	0.00	41.94
85+	0.00	0.00	18.42
Molina Health Care of Califo		0.00	10.72
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.95	0.00	69.64
1 to < 10	0.95	0.01	25.13
10 to < 20	0.54	0.02	17.74
20 to < 45	1.56	0.36	42.49
45 to < 65	0.79	0.66	32.76
45 to < 75		0.00	
	0.00		13.84
75 to < 85	0.00	0.00	2.99
85+	0.00	0.00	0.00

(By Age Group)

Geographic Managed Care Plans (continued)

Western Health Advantage,	Sacramento Sacramento	,	
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.27	0.00	56.16
1 to < 10	1.37	0.03	23.20
10 to < 20	0.78	0.05	18.43
20 to < 45	1.04	0.37	38.92
45 to < 65	1.03	0.14	31.18
65 to < 75	0.00	0.00	16.86
75 to < 85	3.92	0.00	33.94
85+	0.00	0.00	20.83
Health Net, Sacramento			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.26	0.00	26.93
1 to < 10	0.31	0.00	12.54
10 to < 20	0.28	0.01	7.75
20 to < 45	0.42	0.06	20.29
45 to < 65	0.31	0.11	11.18
65 to < 75	0.00	0.00	3.06
75 to < 85	0.00	0.00	6.56
85+	0.00	0.00	0.00
Kaiser, Sacramento			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.53	0.00	35.58
1 to < 10	1.33	0.01	23.39
10 to < 20	0.63	0.04	21.87
20 to < 45	1.18	0.90	48.99
45 to < 65	1.40	2.15	59.12
65 to < 75	0.24	1.70	46.36
75 to < 85	0.00	0.53	49.55
85+	2.87	0.00	60.34
Blue Cross of California, Sac			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.67	0.00	79.58
1 to < 10	1.40	0.02	35.01
10 to < 20	0.97	0.05	26.68
20 to < 45	2.12	0.58	58.88
45 to < 65	1.75	1.53	49.83
65 to < 75	0.28	1.94	19.42
75 to < 85	0.00	0.00	12.54
85+	0.00	0.00	14.02
	Two Plan Model	Plane	
Alemade Allience for Health	Two Plan Model	Pialis	
Alameda Alliance for Health, Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	2.87	0.03	85.56
1 to < 10	2.57	0.03	38.68
10 < 10 10 to < 20	1.31	0.05	25.93
20 to < 45	1.37	0.50	50.48
45 to < 65	1.27	0.87	39.98
45 to < 05	0.34	1.25	21.91
75 to < 85	0.30	1.82	35.79
75 to < 65 85+	0.00	0.00	25.30
OOT	0.00	0.00	20.30

(By Age Group)

Blue Cross of California, A	lameda	(continued)	
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	3.26	0.00	98.69
1 to < 10	2.74	0.02	42.96
10 to < 20	1.23	0.04	29.99
20 to < 45	1.92	0.39	59.88
45 to < 65	1.11	0.75	41.86
65 to < 75	0.00	0.00	13.69
75 to < 85	0.00	0.00	10.58
85+	0.00	0.00	12.20
Contra Costa Health Plan,		0.00	12.20
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	2.42	0.00	111.70
1 to < 10	2.55	0.03	54.33
10 to < 20	1.27	0.08	36.57
20 to < 45	2.57	0.80	87.48
45 to < 65	1.98	1.40	68.49
65 to < 75	1.24	0.50	30.53
75 to < 85	0.45	0.90	37.91
85+	3.33	0.00	53.24
Blue Cross of California, C	Asthma	Diabetes	All ER
Age Range in Years 0 to < 1	2.06	0.00	96.77
1 to < 10	2.06	0.00	40.95
10 to < 20	1.29	0.17	31.78
20 to < 45	1.63	0.41	74.72
45 to < 65	1.02	2.04	47.09
65 to < 75	0.00	0.00	23.95
75 to < 85	0.00	0.00	19.80
85+	0.00	0.00	0.00
Kern Family Health Care, h			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.46	0.00	47.11
1 to < 10	0.76	0.00	18.34
10 to < 20	0.50	0.07	15.04
20 to < 45	0.76	0.30	28.92
45 to < 65	0.83	1.20	26.31
65 to < 75	0.00	0.53	11.08
75 to < 85	0.00	0.00	3.34
85+	0.00	0.00	0.00
Blue Cross of California, K			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	3.30	0.00	79.32
1 to < 10	1.54	0.00	30.19
10 to < 20	0.73	0.03	19.70
20 to < 45	0.92	0.49	40.57
45 to < 65	1.03	1.10	37.29
65 to < 75	0.57	0.57	19.27
75 to < 85	0.00	0.00	5.76
85+	0.00	0.00	0.00

(By Age Group)

LA CARE Health Plan, Los Ar	nnalae	(continued)	
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.65	0.00	50.85
1 to < 10	0.75	0.01	23.40
10 to < 20	0.49	0.04	14.60
20 to < 45	0.57	0.20	26.58
45 to < 65	0.51	0.65	20.98
	0.74		21.68
65 to < 75		0.95	
75 to < 85	0.36	0.96	20.92
85+	0.39	0.39	24.84
Health Net, Los Angeles	A = 415 === =	Diabatas	AUED
Age Range in Years	Asthma 0.51	Diabetes	All ER
0 to < 1	0.51	0.00	56.97
1 to < 10	0.54	0.00	24.51
10 to < 20	0.34	0.03	14.40
20 to < 45	0.45	0.12	27.17
45 to < 65	0.39	0.40	22.39
65 to < 75	0.19	0.26	13.40
75 to < 85	0.00	0.00	10.98
85+	0.00	0.00	14.06
Inland Empire Health Plan, Ri			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.83	0.00	63.51
1 to < 10	0.89	0.00	30.23
10 to < 20	0.75	0.03	21.65
20 to < 45	1.09	0.41	48.50
45 to < 65	0.74	1.44	40.44
65 to < 75	0.98	0.98	17.32
75 to < 85	0.00	0.00	20.95
85+	0.00	0.00	30.04
Molina Health Care of Californ	nia, Riverside		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.39	0.00	54.57
1 to < 10	0.92	0.00	29.28
10 to < 20	0.55	0.08	20.84
20 to < 45	0.87	0.35	44.60
45 to < 65	0.34	1.11	37.60
65 to < 75	0.00	2.87	20.11
75 to < 85	0.00	0.00	7.87
85+	0.00	0.00	25.64
Inland Empire Health Plan, Sa		5.55	_0.0.
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.88	0.00	56.54
1 to < 10	1.15	0.01	27.26
10 to < 20	0.72	0.05	17.94
20 to < 45	1.22	0.37	37.78
45 to < 65	0.73	1.21	29.56
65 to < 75	0.47	1.65	17.64
75 to < 85	0.00	0.52	36.27
85+	0.00	0.00	52.63
00 '	0.00	0.00	52.03

(By Age Group)

Malina Haalth Cara of Calif	i wo Flaii Model Flais (C	ontinueu)	
Molina Health Care of Calif	•	Districts -	AUED
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.89	0.00	58.44
1 to < 10	0.94	0.02	26.91
10 to < 20	0.64	0.05	19.02
20 to < 45	1.03	0.27	39.82
45 to < 65	1.05	1.19	30.95
65 to < 75	0.00	0.00	9.29
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
San Francisco Health Plan			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.65	0.00	21.59
1 to < 10	0.63	0.00	13.16
10 to < 20	0.25	0.03	8.77
20 to < 45	0.74	0.06	23.52
45 to < 65	0.54	0.31	15.37
65 to < 75	0.85	0.21	19.44
75 to < 85	0.00	0.00	16.80
85+	0.00	0.00	2.56
Blue Cross of California, S			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.71	0.00	50.45
1 to < 10	0.91	0.00	22.34
10 to < 20	0.27	0.02	15.37
20 to < 45	0.85	0.04	30.41
45 to < 65	1.11	0.30	25.57
65 to < 75	0.00	0.00	14.86
75 to < 85	1.77	0.00	8.85
85+	0.00	0.00	4.88
Health Plan of San Joaquir	n, San Joaquin		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.42	0.00	57.48
1 to < 10	0.82	0.00	26.42
10 to < 20	0.40	0.07	16.97
20 to < 45	0.89	0.33	38.78
45 to < 65	0.69	0.71	25.59
65 to < 75	0.00	0.00	15.25
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
Blue Cross of California, S	an Joaquin		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.16	0.00	71.23
1 to < 10	0.92	0.00	31.57
10 to < 20	0.71	0.11	26.41
20 to < 45	1.09	0.27	55.89
45 to < 65	1.73	0.64	50.93
65 to < 75	0.00	0.00	21.23
75 to < 85	0.00	0.00	7.25
85+	0.00	0.00	0.00

(By Age Group)

Santa Clara Family Health Plan	Canta Clara	continued,	
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.89	0.00	55.52
1 to < 10	0.82	0.01	30.26
10 to < 20	0.54	0.01	18.74
20 to < 45	1.10	0.42	38.19
45 to < 65	0.51	0.68	21.47
65 to < 75	0.25	0.62	13.89
75 to < 85	0.50	0.76	14.88
85+	0.00	1.58	12.68
Blue Cross of California, Santa		D: 1 4	A.I. E.D.
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.79	0.00	83.54
1 to < 10	1.04	0.01	36.37
10 to < 20	0.45	0.02	17.80
20 to < 45	1.33	0.32	41.68
45 to < 65	0.35	0.80	21.64
65 to < 75	0.00	0.00	12.31
75 to < 85	0.00	0.00	7.86
85+	0.00	0.00	46.51
Blue Cross/Stanislaus Local In	itiative, Stanislaus		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.58	0.00	113.44
1 to < 10	0.97	0.01	46.93
10 to < 20	0.67	0.08	32.97
20 to < 45	1.27	0.47	71.61
45 to < 65	0.83	1.20	53.95
65 to < 75	0.00	0.54	14.49
75 to < 85	0.00	0.00	8.23
85+	0.00	0.00	16.95
Blue Cross of California LI, Tul	are		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	2.41	0.00	110.16
1 to < 10	1.73	0.02	48.13
10 to < 20	0.96	0.05	28.48
20 to < 45	1.44	0.70	52.07
45 to < 65	0.98	1.53	40.21
65 to < 75	0.69	2.06	21.31
75 to < 85	0.00	0.00	10.20
85+	0.00	0.00	0.00
Health Net, Tulare			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.93	0.00	47.81
1 to < 10	0.47	0.00	20.03
10 to < 20	0.18	0.00	11.49
20 to < 45	0.33	0.13	22.20
45 to < 65	0.54	0.33	13.68
65 to < 75	0.00	0.00	7.35
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
00.	0.00	0.00	0.00

(By Age Group)

	wo Plan Model Plans	(continued)	
Blue Cross of California, Fre		Diabatas	All ED
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	4.01	0.00	102.13
1 to < 10	1.67	0.00	40.17
10 to < 20	0.85	0.07	23.41
20 to < 45	1.38	0.35	51.28
45 to < 65	1.07	1.19	36.99
65 to < 75	0.14	0.14	15.73
75 to < 85	0.00	0.53	11.14
85+	0.00	0.00	8.72
Health Net, Fresno			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.71	0.00	35.60
1 to < 10	0.41	0.00	15.73
10 to < 20	0.24	0.00	9.49
20 to < 45	0.41	0.06	18.92
45 to < 65	0.29	0.12	11.86
65 to < 75	0.00	0.00	3.62
75 to < 85	0.00	0.00	0.00
85+	0.00	0.00	0.00
_			
	unty Organized Health	System Plans	
Santa Barbara Health Initiati			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.46	0.00	64.11
1 to < 10	0.99	0.00	37.48
10 to < 20	0.84	0.19	28.65
20 to < 45	1.43	0.82	62.40
45 to < 65	1.28	1.74	58.37
65 to < 75	0.09	0.94	19.48
75 to < 85	0.24	0.57	18.60
85+	0.09	0.66	19.62
Health Plan of San Mateo, S			
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.21	0.00	78.48
1 to < 10	1.25	0.03	42.88
10 to < 20	0.78	0.06	29.39
20 to < 45	2.02	0.98	66.70
45 to < 65	1.55	2.79	68.10
65 to < 75	0.77	2.65	31.82
75 to < 85	0.85	1.48	35.86
85+	0.23	0.69	41.05
Partnership Health Plan of C	California, Solano		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.31	0.00	33.96
1 to < 10	1.14	0.01	17.46
10 to < 20	0.70	0.04	15.80
20 to < 45	1.37	0.36	39.03
45 to < 65	0.96	1.24	35.32
65 to < 75	0.20	0.69	16.15
75 to < 85	0.24	0.45	13.79
85+	0.20	0.30	16.97

(By Age Group)

County Organized Health System Plans (continued)

	-	eni Pians (continueu)	
Partnership Health Plan of Cali	•		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.57	0.00	88.89
1 to < 10	1.19	0.10	64.59
10 to < 20	1.31	0.19	62.52
20 to < 45	3.16	1.18	104.83
45 to < 65	2.14	3.35	81.56
65 to < 75	0.45	1.12	32.27
75 to < 85	0.45	0.90	25.53
85+	0.27	0.27	26.23
Partnership Health Plan of Cali	fornia, Yolo		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	2.37	0.00	110.71
1 to < 10	2.25	0.01	52.63
10 to < 20	1.23	0.00	31.80
20 to < 45	2.57	0.96	62.40
45 to < 65	2.02	2.30	62.80
65 to < 75	0.92	3.80	49.41
75 to < 85	1.46	4.45	47.38
85+	0.85	1.07	47.30
CalOPTIMA, Orange	0.00	1.07	47.00
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.70	0.00	61.91
1 to < 10	0.87	0.01	32.78
10 to < 20	0.58	0.05	19.52
20 to < 45	0.95	0.39	38.78
45 to < 65	0.49	0.81	25.77
		0.81	6.28
65 to < 75	0.09		
75 to < 85	0.02	0.21	5.08
85+	0.06	0.14	4.89
Central Coast Alliance for Heal		B: 1 .	AU ED
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	0.46	0.00	76.80
1 to < 10	1.28	0.00	42.06
10 to < 20	0.67	0.08	28.21
20 to < 45	0.87	0.62	49.13
45 to < 65	0.98	1.59	42.17
65 to < 75	0.11	0.48	12.64
75 to < 85	0.21	0.57	13.31
85+	0.00	0.16	12.40
Central Coast Alliance for Heal	th, Monterey		
Age Range in Years	Asthma	Diabetes	All ER
0 to < 1	1.22	0.00	90.34
1 to < 10	1.39	0.00	48.53
10 to < 20	0.97	0.12	28.88
20 to < 45	1.68	0.99	59.08
45 to < 65	1.27	2.17	48.39
65 to < 75	0.05	0.72	8.14
75 to < 85	0.11	0.48	6.33
85+	0.00	0.21	5.68

Overall Totals

All Medi-Cal			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.72	0.12	27.04
Youth Related	0.54	0.02	22.92
Aged, Blind, Disabled	0.78	0.80	28.84
Other Aid Codes	0.34	0.50	24.64
Medi-Cal Fee-For-Service Program			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.56	0.13	24.02
Youth Related	0.43	0.03	18.30
Aged, Blind, Disabled	0.69	0.77	27.07
Other Aid Codes	0.31	0.19	17.52
Medi-Cal Managed Care (selected pla	ans)		
Aid Code Category	Asthma	Diabetes	All ER
Family	0.82	0.12	28.75
Youth Related	0.66	0.02	27.70
Aged, Blind, Disabled	1.18	0.93	36.40
Other Aid Codes	0.92	6.42	159.73
Geographic Managed Care			
Aid Code Category	Asthma	Diabetes	All ER
Family	1.06	0.13	29.14
Youth Related	1.04	0.02	28.28
Aged, Blind, Disabled	1.77	1.09	45.66
Other Aid Codes	0.00	0.00	28.57
Two Plan Model			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.77	0.11	27.40
Youth Related	0.59	0.02	24.90
Aged, Blind, Disabled	1.88	0.90	46.90
Other Aid Codes	0.00	3.07	67.48
County Organized Health Systems			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.98	0.17	36.92
Youth Related	0.75	0.03	38.81
Aged, Blind, Disabled	0.73	0.92	29.59
Other Aid Codes	0.96	6.60	164.49
All Other Plan Codes			
Aid Code Category	Asthma	Diabetes	All ER
Family	1.72	0.24	49.67
Youth Related	1.09	0.05	45.60
Aged, Blind, Disabled	0.76	0.98	31.15
Other Aid Codes	0.00	0.00	44.12

Geographic Managed Care Plans

Sharp Health Plan, San Diego Asthma Diabetes All RR Family 1.38 0.18 33.39 Youth Related 1.53 0.00 32.52 Aged, Blind, Disabled 1.96 2.00 47.74 Other Aid Codes 0.00 0.00 0.00 Universal Care, San Diego Asthma Diabetes All ER Family 1.44 0.22 38.30 Youth Related 1.15 0.00 37.38 Aged, Blind, Disabled 3.77 0.05 46.12 Other Aid Codes 0.00 0.00 0.00 Community Health Group, San Diego Asthma Diabetes All ER Family 0.84 0.09 19.16 Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 30.33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1.37 0	_	rapriic iviariageu care i	rialis	
Family	Sharp Health Plan, San Diego			
Youth Related 1.53 0.00 32.52 Aged, Blind, Disabled 1.96 2.00 47.74 Other Aid Codes 0.00 0.00 0.00 Universal Care, San Diego Asthma Diabetes All ER Family 1.44 0.22 38.30 Youth Related 1.15 0.00 37.38 Aged, Blind, Disabled 3.77 0.75 46.12 Other Aid Codes 0.00 0.00 0.00 Community Health Group, San Diego Asthma Diabetes All ER Family 0.84 0.09 19.16 Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 30.0 Youth Codes 0.00 0.00 <	Aid Code Category	Asthma	Diabetes	
Aged, Blind, Disabled 1,96 2,00 47,74 Other Aid Codes 0,00 0,00 0,00 Universal Care, San Diego Asthma Diabetes All ER Familly 1,44 0,22 38,30 Youth Related 1,15 0,00 37,38 Aged, Blind, Disabled 3,77 0,75 46,12 Other Aid Codes 0,00 0,00 0,00 Community Health Group, San Diego Asthma Diabetes All ER Family 0,84 0,09 19,16 Youth Related 0,87 0,02 18,98 Aged, Blind, Disabled 1,35 0,67 26,67 Other Aid Codes 0,00 0,00 30,33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1,37 0,09 38,36 Youth Related 1,67 0,00 37,03 Aged, Blind, Disabled 1,29 0,16 54,72 Other Aid Codes 0,00 0,00<	Family		0.18	33.39
Other Aid Codes 0.00 0.00 Universal Care, San Diego Asthma Diabetes All ER Family 1.44 0.22 38.30 Youth Related 1.15 0.00 37.38 Aged, Blind, Disabled 3.77 0.75 46.12 Cher Aid Codes 0.00 0.00 0.00 Community Health Group, San Diego Asthma Diabetes All ER Family 0.84 0.09 19.16 Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan 2.12 0.0		1.53	0.00	32.52
Name	Aged, Blind, Disabled	1.96	2.00	47.74
Aid Code Category	Other Aid Codes	0.00	0.00	0.00
Family	Universal Care, San Diego			
Youth Related 1.15 0.00 37.38 Aged, Blind, Disabled 3.77 0.75 46.12 Other Aid Codes 0.00 0.00 0.00 Community Health Group, San Diego Aid Code Category Asthma Diabetes All ER Family 0.84 0.09 19.16 Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15	Aid Code Category	Asthma	Diabetes	All ER
Aged, Blind, Disabled Other Aid Codes 3.77 0.75 46.12 Community Health Group, San Diego Asthma Diabetes All ER Family 0.84 0.09 19.16 Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan All ER Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 0.85 0.00 27.15 Aged, Blind, Disabled 1.6 4.294 Other Aid Code Category Asthma	Family	1.44	0.22	38.30
Other Aid Codes 0.00 0.00 Community Health Group, San Diego Aid Code Category Asthma Diabetes All ER Family 0.84 0.09 19.16 Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 27.15 Aged, Blind, Disabled All ER Family	Youth Related	1.15	0.00	37.38
Community Health Group, San Diego Asthman Diabetes All ER Family 0.84 0.09 19.16 Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30	Aged, Blind, Disabled	3.77	0.75	46.12
Aid Code Category Asthma Diabetes All ER Family 0.84 0.09 19.16 Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02	Other Aid Codes	0.00	0.00	0.00
Family	Community Health Group, San Diego			
Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Aid Code Category Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Volta Category Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35	Aid Code Category	Asthma	Diabetes	All ER
Youth Related 0.87 0.02 18.98 Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Aid Code Category Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Volta Category Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35	Family	0.84	0.09	19.16
Aged, Blind, Disabled 1.35 0.67 26.67 Other Aid Codes 0.00 0.00 83.33 Blue Cross of California, San Diego Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00	•	0.87	0.02	18.98
Other Aid Codes 0.00 83.33 Blue Cross of California, San Diego Aid Code Category Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San				
Blue Cross of California, San Diego	=			
Aid Code Category Asthma Diabetes All ER Family 1.37 0.09 38.36 Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Aid Code Category Asthma Diabetes All ER Family 0.52 0.04 31.47 </td <td></td> <td></td> <td></td> <td></td>				
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Youth Related 1.67 0.00 37.03 Aged, Blind, Disabled 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.				
Aged, Blind, Disabled Other Aid Codes 1.29 0.16 54.72 Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento	•			
Other Aid Codes 0.00 0.00 0.00 University of Cal-San Diego Health Plan Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Familly 0.95 <td></td> <td></td> <td></td> <td></td>				
University of Cal-San Diego Health Plan Aid Code Category Asthma Diabetes All ER Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Aid Code Category Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Aid Code Category Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma <td>-</td> <td></td> <td></td> <td></td>	-			
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Family 1.12 0.17 27.69 Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31	-		Diahetes	ΔII ER
Youth Related 0.85 0.00 27.15 Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled				
Aged, Blind, Disabled 1.52 0.12 42.94 Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79				
Other Aid Codes 0.00 0.00 0.00 Health Net, San Diego Asthma Diabetes All ER Aid Code Category Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79				
Health Net, San Diego Aid Code Category Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79	-			
Aid Code Category Asthma Diabetes All ER Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79		0.00	0.00	0.00
Family 0.30 0.02 16.88 Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79		Asthma	Diabetes	All ED
Youth Related 0.35 0.00 15.22 Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Aid Code Category Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79				
Aged, Blind, Disabled 1.06 0.53 25.27 Other Aid Codes 0.00 0.00 0.00 Kaiser Foundation Health Plan, San Diego Aid Code Category Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Aid Code Category Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79				
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Kaiser Foundation Health Plan, San Diego Aid Code Category Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79	=			
Aid Code Category Asthma Diabetes All ER Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79			0.00	0.00
Family 0.52 0.04 31.47 Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79		_	Diabotos	All ED
Youth Related 0.21 0.00 23.48 Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79				
Aged, Blind, Disabled 0.84 0.17 45.45 Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79	•			
Other Aid Codes 0.00 0.00 0.00 Molina Health Care of California, Sacramento Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79				
Molina Health Care of California, Sacramento Aid Code Category Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79	=			
Aid Code Category Asthma Diabetes All ER Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79			0.00	0.00
Family 0.95 0.11 27.81 Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79			5	==
Youth Related 0.31 0.00 31.15 Aged, Blind, Disabled 1.75 0.78 38.79	3 ,			
Aged, Blind, Disabled 1.75 0.78 38.79	•			
Other Ald Codes 0.00 0.00 0.00	-			
	Other Aid Codes	0.00	0.00	0.00

Geographic Managed Care (continued)

Western Health Advantage, Sacramen	to		
Aid Code Category	Asthma	Diabetes	All ER
Family	1.00	0.13	26.31
Youth Related	1.34	0.15	28.04
Aged, Blind, Disabled	1.55	0.24	38.03
Other Aid Codes	0.00	0.00	0.00
Health Net, Sacramento			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.30	0.02	12.80
Youth Related	0.34	0.09	13.44
Aged, Blind, Disabled	0.76	0.06	18.87
Other Aid Codes	0.00	0.00	0.00
Kaiser, Sacramento			
Aid Code Category	Asthma	Diabetes	All ER
Family	1.00	0.24	29.66
Youth Related	0.99	0.25	20.75
Aged, Blind, Disabled	1.27	1.66	58.13
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Sacramento			
Aid Code Category	Asthma	Diabetes	All ER
Family	1.43	0.19	40.35
Youth Related	1.00	0.00	39.01
Aged, Blind, Disabled	2.96	1.97	65.13
Other Aid Codes	0.00	0.00	0.00
_			
	Two Plan Model Plans		
Alameda Alliance for Health, Alameda			
Aid Code Category	Asthma	Diabetes	All ER
Family	1.68	0.16	38.02
Family Youth Related	1.68 1.37	0.16 0.00	38.02 36.32
Family Youth Related Aged, Blind, Disabled	1.68 1.37 3.37	0.16 0.00 1.32	38.02 36.32 63.06
Family Youth Related Aged, Blind, Disabled Other Aid Codes	1.68 1.37	0.16 0.00	38.02 36.32
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda	1.68 1.37 3.37 0.00	0.16 0.00 1.32 0.00	38.02 36.32 63.06 0.00
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category	1.68 1.37 3.37 0.00	0.16 0.00 1.32 0.00	38.02 36.32 63.06 0.00
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family	1.68 1.37 3.37 0.00 Asthma 1.94	0.16 0.00 1.32 0.00 Diabetes 0.15	38.02 36.32 63.06 0.00 All ER 45.28
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related	1.68 1.37 3.37 0.00 Asthma 1.94 1.72	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04	38.02 36.32 63.06 0.00 All ER 45.28 45.49
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04	38.02 36.32 63.06 0.00 All ER 45.28 45.49
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00 ta	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00 All ER 58.44
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Health Plan, Contra Costa Health Plan, Youth Related Aid Code Category Family Youth Related	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00 ta Asthma 1.98 2.07	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00 Diabetes 0.22 0.07	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00 All ER 58.44 62.79
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00 ta Asthma 1.98 2.07 3.76	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00 Diabetes 0.22 0.07 1.55	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00 All ER 58.44 62.79 86.49
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Cotta Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00 ta Asthma 1.98 2.07 3.76 0.00	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00 Diabetes 0.22 0.07	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00 All ER 58.44 62.79
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costaid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00 ta Asthma 1.98 2.07 3.76 0.00	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00 Diabetes 0.22 0.07 1.55 0.00	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00 All ER 58.44 62.79 86.49 52.63
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00 ta Asthma 1.98 2.07 3.76 0.00 Asthma	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00 Diabetes 0.22 0.07 1.55 0.00 Diabetes	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00 All ER 58.44 62.79 86.49 52.63
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00 ta Asthma 1.98 2.07 3.76 0.00 Asthma 1.61	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00 Diabetes 0.22 0.07 1.55 0.00 Diabetes 0.26	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00 All ER 58.44 62.79 86.49 52.63 All ER 50.12
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family Youth Related	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00 ta Asthma 1.98 2.07 3.76 0.00 Asthma 1.61 2.13	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00 Diabetes 0.22 0.07 1.55 0.00 Diabetes 0.26 0.00	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00 All ER 58.44 62.79 86.49 52.63 All ER 50.12 44.42
Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family	1.68 1.37 3.37 0.00 Asthma 1.94 1.72 3.84 0.00 ta Asthma 1.98 2.07 3.76 0.00 Asthma 1.61	0.16 0.00 1.32 0.00 Diabetes 0.15 0.04 0.69 0.00 Diabetes 0.22 0.07 1.55 0.00 Diabetes 0.26	38.02 36.32 63.06 0.00 All ER 45.28 45.49 65.67 0.00 All ER 58.44 62.79 86.49 52.63 All ER 50.12

Two Plan Model (continued)

Kern Family Health Care, Kern		cuj	
Aid Code Category	Asthma	Diabetes	All ER
Family	0.66	0.11	20.95
Youth Related	0.72	0.14	20.88
Aged, Blind, Disabled	2.08	1.10	40.45
Other Aid Codes	0.00	0.00	43.48
Blue Cross of California, Kern	0.00	0.00	40.40
Aid Code Category	Asthma	Diabetes	All ER
Family	1.14	0.12	30.82
Youth Related	1.09	0.00	33.33
Aged, Blind, Disabled	1.70	1.36	50.64
Other Aid Codes	0.00	0.00	250.00
LA CARE Health Plan, Los Angeles	0.00	0.00	250.00
Aid Code Category	Asthma	Diabetes	All ER
Family	0.60	0.09	22.12
Youth Related	0.52	0.01	21.04
Aged, Blind, Disabled	1.56	0.80	41.22
Other Aid Codes	0.00	10.64	42.55
Health Net, Los Angeles	0.00	10.04	42.00
Aid Code Category	Asthma	Diabetes	All ER
Family	0.43	0.06	23.05
Youth Related	0.42	0.02	22.71
Aged, Blind, Disabled	1.28	0.39	38.17
Other Aid Codes	0.00	0.00	170.73
Inland Empire Health Plan, Riverside		0.00	170.70
Aid Code Category	Asthma	Diabetes	All ER
Family	0.89	0.16	34.03
Youth Related	0.57	0.02	30.49
Aged, Blind, Disabled	1.47	0.91	45.84
Other Aid Codes	0.00	0.00	95.24
Molina Health Care of California, Riv		0.00	00.21
Aid Code Category	Asthma	Diabetes	All ER
Family	0.76	0.12	32.36
Youth Related	0.55	0.00	27.77
Aged, Blind, Disabled	1.33	1.85	47.18
Other Aid Codes	0.00	0.00	0.00
Inland Empire Health Plan, San Bern		5.55	0.00
Aid Code Category	Asthma	Diabetes	All ER
Family	1.00	0.14	28.04
Youth Related	0.68	0.02	29.39
Aged, Blind, Disabled	1.66	1.07	36.61
Other Aid Codes	0.00	0.00	33.33
Molina Health Care of California, Sar		5.55	00.00
Aid Code Category	Asthma	Diabetes	All ER
Family	0.85	0.12	28.85
Youth Related	0.50	0.02	28.75
Aged, Blind, Disabled	2.29	0.76	36.22
Other Aid Codes	0.00	0.00	0.00
5 ii 57 f ii 6 5 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6	0.00	0.00	0.00

Two Plan Model (continued)

San Francisco Health Plan, San Franci	isco	cuj	
Aid Code Category	Asthma	Diabetes	All ER
Family	0.56	0.02	14.70
Youth Related	0.15	0.03	10.12
Aged, Blind, Disabled	1.05	0.53	31.55
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, San Francisc		0.00	0.00
Aid Code Category	Asthma	Diabetes	All ER
Family	0.64	0.06	23.06
Youth Related	0.63	0.00	18.02
Aged, Blind, Disabled	2.05	0.09	40.18
Other Aid Codes	0.00	0.00	0.00
Health Plan of San Joaquin, San Joaquin			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.68	0.13	27.00
Youth Related	0.47	0.03	27.30
Aged, Blind, Disabled	1.57	0.49	39.46
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, San Joaquin			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.94	0.13	39.01
Youth Related	0.28	0.00	30.48
Aged, Blind, Disabled	2.34	0.21	57.65
Other Aid Codes	0.00	0.00	0.00
Santa Clara Family Health Plan, Santa			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.81	0.11	30.31
Youth Related	0.56	0.01	23.64
Aged, Blind, Disabled	0.93	1.53	36.26
Other Aid Codes	0.00	0.00	83.33
Blue Cross of California, Santa Clara			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.86	0.16	31.08
Youth Related	0.25	0.00	25.18
Aged, Blind, Disabled	1.82	1.17	48.00
Other Aid Codes	0.00	0.00	0.00
Blue Cross/Stanislaus Local Initiative,	Stanislaus		
Aid Code Category	Asthma	Diabetes	All ER
Family	0.93	0.18	50.76
Youth Related	0.76	0.08	44.84
Aged, Blind, Disabled	1.63	1.05	75.31
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California LI, Tulare			
Aid Code Category	Asthma	Diabetes	All ER
Family	1.42	0.25	45.24
Youth Related	0.99	0.03	39.43
Aged, Blind, Disabled	2.48	1.92	81.23
Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

Two Plan Model (continued)

	i wo Pian Modei (continue	ea)	
Health Net, Tulare			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.36	0.04	18.52
Youth Related	0.27	0.00	18.36
Aged, Blind, Disabled	1.16	0.58	39.21
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Fresno			
Aid Code Category	Asthma	Diabetes	All ER
Family	1.32	0.13	39.03
Youth Related	1.61	0.02	42.30
Aged, Blind, Disabled	2.85	1.28	55.41
Other Aid Codes	0.00	0.00	100.00
Health Net, Fresno			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.37	0.02	15.49
Youth Related	0.38	0.00	15.58
Aged, Blind, Disabled	0.35	0.00	12.28
Other Aid Codes	0.00	0.00	0.00
_			
	y Organized Health Syste	em Plans	
Santa Barbara Health Initiative, Sar	nta Barbara		
Aid Code Category	Asthma	Diabetes	All ER
Family	1.03	0.19	41.96
Youth Related	0.51	0.02	42.37
Aged, Blind, Disabled	0.94	1.41	47.87
Other Aid Codes	0.00	1.26	17.68
Health Plan of San Mateo, San Mate	90		
Aid Code Category	Asthma	Diabetes	All ER
Family	1.19	0.23	46.28
Youth Related	0.92	0.02	47.67
Aged, Blind, Disabled	1.28	2.05	48.85
Other Aid Codes	0.00	0.84	63.29
Partnership Health Plan of Californ	ia, Solano		
Aid Code Category	Asthma	Diabetes	All ER
Family	1.00	0.09	23.39
Youth Related	0.76	0.03	19.17
Aged, Blind, Disabled	0.95	0.78	28.83
Other Aid Codes	0.00	0.00	30.93
Partnership Health Plan of Californ	ia, Napa		
Aid Code Category	Asthma	Diabetes	All ER
Family	1.85	0.39	78.40
Youth Related	1.57	0.00	62.95
Aged, Blind, Disabled	1.21	1.84	60.47
Other Aid Codes	0.00	0.00	58.25
Partnership Health Plan of Californ	ia, Yolo		
Aid Code Category	Asthma	Diabetes	All ER
Family	1.89	0.26	49.59
Youth Related	1.70	0.06	45.56
Aged, Blind, Disabled	2.11	2.86	64.71
Other Aid Codes	0.00	0.00	71.75

(By Aid Code Range)

County Organized Health Systems (continued)

CalOPTIMA, Orange			
Aid Code Category	Asthma	Diabetes	All ER
Family	0.77	0.12	31.50
Youth Related	0.63	0.02	36.11
Aged, Blind, Disabled	0.38	0.38	17.22
Other Aid Codes	1.77	11.35	264.88
Central Coast Alliance for Health, Sa	nta Cruz		
Aid Code Category	Asthma	Diabetes	All ER
Family	0.95	0.31	43.16
Youth Related	1.00	0.13	40.26
Aged, Blind, Disabled	0.56	0.75	32.29
Other Aid Codes	0.00	0.00	24.49
Central Coast Alliance for Health, Mo	onterey		
Aid Code Category	Asthma	Diabetes	All ER
Family	1.27	0.34	48.05
Youth Related	0.94	0.00	48.11
Aged, Blind, Disabled	1.05	1.17	34.56
Other Aid Codes	0.00	2.36	49.65

Overall Totals

	Overall Totals		
All Medi-Cal	A a thomas	D'abata.	AUED
Ethnic Group White	Asthma 0.89	Diabetes 0.40	All ER 36.95
Hispanic	0.55	0.17	23.41
Black	1.50	0.42	35.48
Asian & Pacific Islander	0.33	0.21	13.31
Native American/Alaskan	1.27	0.81	49.29
Other	0.35	0.55	15.48
Missing/Invalid	0.96	0.67	33.80
Medi-Cal Fee-For-Service Program		Diabataa	AUED
Ethnic Group White	Asthma 0.81	Diabetes	All ER 35.49
	0.38	0.49 0.21	18.61
Hispanic			
Black	1.48 0.29	0.75 0.29	36.88
Asian & Pacific Islander			12.64
Native American/Alaskan	1.16	0.97	51.24
Other	0.30	0.55	13.52
Missing/Invalid	0.72	0.60	27.83
Medi-Cal Managed Care (selected		Diabataa	AUED
Ethnic Group White	Asthma 1.00	Diabetes 0.25	All ER 39.05
	0.70	0.25	27.65
Hispanic		0.14	
Black Asian & Pacific Islander	1.51	0.22	34.66
	0.38		13.89
Native American/Alaskan	1.48	0.41	44.11
Other	0.52	0.54	22.40
Missing/Invalid	1.54	0.66	39.41
Geographic Managed Care Ethnic Group	Asthma	Diabetes	All ER
White	0.99	0.18	34.84
Hispanic	1.03	0.15	28.25
Black	1.93	0.30	38.33
Asian & Pacific Islander	0.48	0.13	14.75
Native American/Alaskan	1.13	0.42	40.93
Other	0.85	0.57	23.18
Missing/Invalid	2.17	0.39	42.01
Two Plan Model	2.17	0.59	42.01
Ethnic Group	Asthma	Diabetes	All ER
White	0.96	0.17	39.05
Hispanic	0.64	0.11	25.77
Black	1.42	0.17	33.33
Asian & Pacific Islander	0.36	0.07	13.29
Native American/Alaskan	1.19	0.34	40.35
Other	0.53	0.40	26.87
Missing/Invalid	2.03	0.52	44.08
County Organized Health System		0.02	44.00
Ethnic Group	Asthma	Diabetes	All ER
White	1.08	0.48	42.10
Hispanic	0.85	0.30	37.73
Black	1.81	0.67	43.13
Asian & Pacific Islander	0.37	0.27	14.95
Native American/Alaskan	3.22	0.74	64.97
Other	0.49	0.69	17.56
Missing/Invalid	0.90	0.85	34.01
wiisoing/invalid	0.50	0.00	J . 1

(By Ethnicity)

Overall Totals (continued)

C	Overall Totals (continu	ed)	
All Other Plan Codes			
Ethnic Group	Asthma	Diabetes	All ER
White	1.34	0.53	46.40
Hispanic	1.49	0.31	45.16
Black	1.18	0.77	29.00
Asian & Pacific Islander	0.68	0.53	20.73
Native American/Alaskan	2.54	0.92	56.02
Other	0.00	0.82	9.05
Missing/Invalid	0.71	0.79	36.18
iviloonig/irivalia	0.7 1	0.70	00.10
Geog	graphic Managed Care	Plans	
Sharp Health Plan, San Diego			
Ethnic Group	Asthma	Diabetes	All ER
White	1.33	0.23	36.97
Hispanic	1.34	0.23	33.05
Black	2.16	0.40	39.18
Asian & Pacific Islander	0.85	0.14	20.84
Native American/Alaskan	2.04	0.68	42.21
Other	0.00	0.00	24.24
	2.85	0.00	40.76
Missing/Invalid	2.65	0.00	40.76
Universal Care, San Diego	Aathmaa	Dichetee	All ED
Ethnic Group White	Asthma 1.27	Diabetes 0.25	All ER 38.55
			35.86
Hispanic	1.16	0.16	
Black	2.84	0.48	49.85
Asian & Pacific Islander	1.66	0.00	28.64
Native American/Alaskan	4.62	0.00	50.81
Other	0.00	0.00	0.00
Missing/Invalid	5.97	0.00	59.70
Community Health Group, San Die	•		
Ethnic Group	Asthma	Diabetes	All ER
White	0.92	0.15	23.89
Hispanic	0.84	0.09	20.18
Black	1.55	0.20	25.06
Asian & Pacific Islander	0.29	0.08	7.36
Native American/Alaskan	0.98	0.00	23.53
Other	0.63	0.63	9.42
Missing/Invalid	2.33	0.39	29.15
Blue Cross of California, San Dieg	jo		
Ethnic Group	Asthma	Diabetes	All ER
White	1.20	0.07	42.45
Hispanic	1.15	0.10	36.05
Black	2.61	0.00	42.00
Asian & Pacific Islander	1.57	0.31	28.65
Native American/Alaskan	0.00	0.00	25.48
Other	0.00	0.00	39.68
Missing/Invalid	0.00	0.00	62.34
wiisoing/invalia	0.00	0.00	02.54

Geographic Managed Care Plans (continued)

University of Cal-San Diego Heal	th Plan	o (oontinaoa)	
Ethnic Group	Asthma	Diabetes	All ER
White	1.25	0.11	32.24
Hispanic	0.87	0.10	25.01
Black	1.61	0.39	36.16
Asian & Pacific Islander	0.97	0.00	18.23
Native American/Alaskan	3.12	0.00	40.50
Other	0.00	0.00	13.70
Missing/Invalid	1.69	0.00	41.74
Health Net, San Diego			
Ethnic Group	Asthma	Diabetes	All ER
White	0.13	0.00	17.21
Hispanic	0.31	0.02	15.98
Black	0.75	0.06	22.36
Asian & Pacific Islander	0.34	0.00	10.79
Native American/Alaskan	0.00	0.00	8.82
Other	0.00	0.00	19.61
Missing/Invalid	1.34	2.68	33.47
Kaiser Foundation Health Plan, S	San Diego		
Ethnic Group	Asthma	Diabetes	All ER
White	0.63	0.05	38.15
Hispanic	0.43	0.03	29.90
Black	0.64	0.13	31.81
Asian & Pacific Islander	0.26	0.00	24.02
Native American/Alaskan	0.00	0.00	19.56
Other	0.00	0.00	37.50
Missing/Invalid	1.19	0.00	40.59
Molina Health Care of California,	Sacramento		
Ethnic Group	Asthma	Diabetes	All ER
White	0.82	0.09	35.66
Hispanic	0.93	0.30	29.65
Black	1.75	0.09	33.36
Asian & Pacific Islander	0.40	0.12	13.67
Native American/Alaskan	0.00	0.00	34.93
Other	0.00	0.00	11.99
Missing/Invalid	0.00	0.00	45.45
Western Health Advantage, Sacr			
Ethnic Group	Asthma	Diabetes	All ER
White	0.66	0.15	26.03
Hispanic	1.12	0.18	29.43
Black	1.93	0.12	33.18
Asian & Pacific Islander	0.32	0.00	17.22
Native American/Alaskan	0.00	0.00	26.28
Other	6.73	0.00	38.12
Missing/Invalid	1.57	0.63	33.33
Health Net, Sacramento		-	==
Ethnic Group	Asthma	Diabetes	All ER
White	0.39	0.03	18.66
Hispanic	0.31	0.07	16.45
Black	0.81	0.02	20.74
Asian & Pacific Islander	0.09	0.01	5.06
Native American/Alaskan	0.00	0.00	17.62
Other	0.00	0.00	3.89
Missing/Invalid	0.00	0.00	17.95

Geographic Managed Care Plans (continued)

Geograpi	ilic Mallaged Care Plans	s (continueu)	
Kaiser, Sacramento			
Ethnic Group	Asthma	Diabetes	All ER
White	0.77	0.47	33.02
Hispanic	0.96	0.22	33.29
Black	1.40	0.58	36.48
Asian & Pacific Islander	0.85	0.36	25.42
Native American/Alaskan	2.22	2.22	50.37
Other	1.38	0.00	52.27
Missing/Invalid	1.60	0.53	45.58
Blue Cross of California, Sacran		0.55	45.50
•	Asthma	Diabetes	AILED
Ethnic Group White	1.17	0.20	All ER
			41.94
Hispanic	1.60	0.27	42.54
Black	2.94	0.47	57.74
Asian & Pacific Islander	0.67	0.29	23.04
Native American/Alaskan	1.25	0.42	56.93
Other	0.78	2.33	33.36
Missing/Invalid	3.56	0.79	54.64
	Two Plan Model Plan	•	
Alameda Alliance for Health, Ala		15	
Ethnic Group	Asthma	Diabetes	All ER
White	1.37	0.21	44.71
Hispanic	1.47	0.15	42.72
Black	2.92	0.36	51.73
Asian & Pacific Islander	0.55	0.30	16.71
Native American/Alaskan	3.53	0.44	53.42
Other	0.00	1.72	33.73
Missing/Invalid	6.07	0.62	64.50
Blue Cross of California, Alamed			
Ethnic Group	Asthma	Diabetes	All ER
White	1.15	0.28	44.94
Hispanic	1.91	0.04	48.29
Black	2.70	0.22	53.84
Asian & Pacific Islander	1.16	0.11	23.73
Native American/Alaskan	0.00	0.00	49.15
Other	0.00	0.00	33.64
Missing/Invalid	7.40	0.31	69.09
Contra Costa Health Plan, Contr	a Costa		
Ethnic Group	Asthma	Diabetes	All ER
White	1.97	0.43	74.75
Hispanic	1.88	0.23	60.07
Black	2.83	0.38	58.47
Asian & Pacific Islander	1.03	0.13	33.09
Native American/Alaskan	2.28	0.00	69.80
Other	5.41	2.71	75.78
	4.69	0.86	81.70
Missing/Invalid	4.09	0.00	01.70

Blue Cross of California, Contra Cost	ia	itiliacaj	
Ethnic Group	Asthma	Diabetes	All ER
White	1.63	0.27	56.25
Hispanic	1.00	0.28	44.71
Black	2.75	0.10	55.87
Asian & Pacific Islander	0.20	0.10	28.62
Native American/Alaskan	0.00	0.00	70.80
Other	0.00	0.00	0.00
Missing/Invalid	4.61	2.76	76.50
Kern Family Health Care, Kern			
Ethnic Group	Asthma	Diabetes	All ER
White	0.88	0.19	31.07
Hispanic	0.52	0.11	17.63
Black	1.71	0.28	28.79
Asian & Pacific Islander	0.56	0.20	16.84
Native American/Alaskan	0.92	0.92	32.27
Other	0.00	0.00	10.31
Missing/Invalid	1.54	0.58	28.54
Blue Cross of California, Kern			
Ethnic Group	Asthma	Diabetes	All ER
White	1.29	0.29	41.99
Hispanic	0.91	0.16	24.98
Black	1.93	0.17	37.63
Asian & Pacific Islander	0.92	0.28	19.90
Native American/Alaskan	2.76	1.11	59.70
Other	0.00	2.85	56.98
Missing/Invalid	2.07	0.00	54.30
LA CARE Health Plan, Los Angeles			
Ethnic Group	Asthma	Diabetes	All ER
White	0.55	0.10	26.78
Hispanic	0.53	0.09	21.19
Black	1.11	0.15	28.51
Asian & Pacific Islander	0.35	0.06	12.23
Native American/Alaskan	0.63	0.42	31.75
Other	0.71	0.24	25.90
Missing/Invalid	1.25	0.64	36.85
Health Net, Los Angeles			
Ethnic Group	Asthma	Diabetes	All ER
White	0.49	0.10	31.44
Hispanic	0.41	0.06	22.98
Black	0.72	0.06	25.09
Asian & Pacific Islander	0.23	0.04	11.23
Native American/Alaskan	0.75	0.56	38.21
Other	0.15	0.04	27.07
Missing/Invalid	0.94	0.12	36.25
Inland Empire Health Plan, Riverside			
Ethnic Group	Asthma	Diabetes	All ER
White	1.20	0.19	42.21
Hispanic	0.63	0.15	28.96
Black	1.40	0.26	41.72
Asian & Pacific Islander	0.53	0.08	24.15
Native American/Alaskan	0.93	0.19	42.87
Other	0.00	4.34	28.62
Missing/Invalid	1.86	0.25	48.19

Molina Health Care of California,	Riverside	amada)	
Ethnic Group	Asthma	Diabetes	All ER
White	0.99	0.13	43.63
Hispanic	0.52	0.12	27.21
Black	1.81	0.21	40.22
Asian & Pacific Islander	0.57	0.44	23.63
Native American/Alaskan	0.00	0.00	30.17
Other	0.00	3.29	39.47
Missing/Invalid	0.38	0.75	63.65
Inland Empire Health Plan, San B	ernardino		
Ethnic Group	Asthma	Diabetes	All ER
White	1.10	0.18	35.03
Hispanic	0.78	0.16	25.73
Black	1.63	0.17	29.87
Asian & Pacific Islander	0.49	0.15	15.99
Native American/Alaskan	1.59	0.00	33.37
Other	0.80	0.80	35.89
Missing/Invalid	2.12	0.64	44.11
Molina Health Care of California,	San Bernardino		
Ethnic Group	Asthma	Diabetes	All ER
White	1.01	0.16	38.83
Hispanic	0.59	0.13	25.28
Black	1.56	0.15	32.32
Asian & Pacific Islander	0.49	0.00	18.88
Native American/Alaskan	1.23	0.00	38.45
Other	0.00	0.00	34.97
Missing/Invalid	3.18	0.45	39.29
San Francisco Health Plan, San F			
Ethnic Group	Asthma	Diabetes	All ER
White	0.66	0.29	24.28
Hispanic	0.57	0.00	15.30
Black	1.04	0.09	25.05
Asian & Pacific Islander	0.17	0.02	6.64
Native American/Alaskan	1.51	0.00	30.17
Other	0.00	0.00	14.35
Missing/Invalid	1.04	0.26	23.67
Blue Cross of California, San Fran			==
Ethnic Group	Asthma	Diabetes	All ER
White	0.73	0.04	27.48
Hispanic	1.18	0.15	32.64
Black	1.09	0.05	35.96
Asian & Pacific Islander	0.36	0.01	11.81
Native American/Alaskan	0.00	0.00	65.69
Other	0.00	0.00	37.17
Missing/Invalid	1.05	0.53	36.76
Health Plan of San Joaquin, San	-	Diabetes	AUED
Ethnic Group White	Asthma 0.87	0.25	All ER 40.75
	0.65	0.25 0.12	28.10
Hispanic Black	0.65 1.46	0.12 0.16	28.10 38.06
Asian & Pacific Islander	0.28	0.06	10.41
Native American/Alaskan	0.87	0.29	32.73
Other	1.49	0.00	11.14
Missing/Invalid	1.61	0.54	39.50

Blue Cross of California, San Joac	quin	imadaj	
Ethnic Group	Asthma	Diabetes	All ER
White	1.10	0.14	51.66
Hispanic	0.69	0.08	34.64
Black	1.76	0.30	42.36
Asian & Pacific Islander	0.36	0.04	18.49
Native American/Alaskan	0.78	0.00	54.35
Other	0.00	0.00	17.24
Missing/Invalid	1.85	0.00	47.09
Santa Clara Family Health Plan, Sa			
Ethnic Group	Asthma	Diabetes	All ER
White	0.96	0.17	38.59
Hispanic	0.93	0.17	36.04
Black	1.04	0.08	29.74
Asian & Pacific Islander	0.28	0.08	9.53
Native American/Alaskan	1.66	0.66	39.40
Other	0.00	3.94	28.60
Missing/Invalid	0.79	0.94	35.89
Blue Cross of California, Santa Cla			
Ethnic Group	Asthma	Diabetes	All ER
White	1.45	0.23	56.77
Hispanic	1.73	0.29	55.48
Black	1.15	0.42	43.75
Asian & Pacific Islander	0.17	0.09	11.85
Native American/Alaskan	0.00	1.22	53.72
Other	0.00	0.00	27.78
Missing/Invalid	5.45	1.17	64.67
Blue Cross/Stanislaus Local Initia			
Ethnic Group	Asthma	Diabetes	All ER
White	1.19	0.24	67.13
Hispanic	0.76	0.17	44.51
Black	2.07	0.53	56.20
Asian & Pacific Islander	0.32	0.15	18.75
Native American/Alaskan	1.70	0.00	77.18
Other	0.00	0.00	20.83
Missing/Invalid	2.38	1.39	74.16
Blue Cross of California LI, Tulare Ethnic Group	Asthma	Diabetes	All ER
White	2.09	0.32	65.57
Hispanic	1.22	0.28	40.78
Black	3.24	0.24	64.47
Asian & Pacific Islander	0.95	0.14	33.86
Native American/Alaskan	1.28	0.00	46.93
Other	0.00	0.00	55.42
Missing/Invalid	3.43	1.50	78.97
Health Net, Tulare	0.40	1.00	10.01
Ethnic Group	Asthma	Diabetes	All ER
White	0.41	0.08	24.33
Hispanic	0.31	0.03	17.52
Black	1.61	0.23	26.67
Asian & Pacific Islander	0.41	0.00	10.48
Native American/Alaskan	0.00	0.00	23.74
Other	0.00	0.00	48.39
Missing/Invalid	2.41	0.00	39.81
•			

IWO	Plan Model Plans (cor	itinuea)	
Blue Cross of California, Fresno			
Ethnic Group	Asthma	Diabetes	All ER
White	1.95	0.35	62.89
Hispanic	1.38	0.14	42.20
Black	2.66	0.39	45.99
Asian & Pacific Islander	0.26	0.07	11.79
Native American/Alaskan	3.46	0.25	67.56
Other	0.61	1.83	24.34
Missing/Invalid	4.82	0.48	55.58
Health Net, Fresno	7.02	0.40	33.30
Ethnic Group	Asthma	Diabetes	All ER
White	0.42	0.00	18.39
	0.33	0.03	15.54
Hispanic			
Black	0.67	0.00	16.63
Asian & Pacific Islander	0.28	0.00	6.49
Native American/Alaskan	0.00	0.00	9.11
Other	0.00	0.00	13.64
Missing/Invalid	0.49	0.00	9.32
0	Ownersing of Health Core	town Diama	
	Organized Health Sys	tem Plans	
Santa Barbara Health Initiative, Sa			
Ethnic Group	Asthma	Diabetes	All ER
White	1.26	0.61	52.68
Hispanic	0.80	0.35	39.18
Black	2.04	1.07	54.92
Asian & Pacific Islander	0.71	1.02	31.99
Native American/Alaskan	1.15	0.38	81.16
Other	0.76	1.27	38.13
Missing/Invalid	0.93	1.17	46.33
Health Plan of San Mateo, San Ma	iteo		
Ethnic Group	Asthma	Diabetes	All ER
White	1.20	0.97	52.76
Hispanic	0.99	0.76	47.50
Black	2.02	1.36	64.50
Asian & Pacific Islander	1.04	0.96	32.44
Native American/Alaskan	2.22	1.11	70.08
Other	1.22	2.37	45.16
Missing/Invalid	1.80	1.41	54.38
Partnership Health Plan of Califor		1.41	34.30
Ethnic Group	Asthma	Diabetes	All ER
White	0.88	0.27	28.54
Hispanic	0.77	0.18	22.66
•			
Black	1.34	0.46	27.77
Asian & Pacific Islander	0.57	0.12	14.03
Native American/Alaskan	2.95	0.42	42.18
Other	0.15	0.15	15.79
Missing/Invalid	1.27	0.73	25.65

County Organized Health System Plans (continued)

5 0	iizeu neaitii Systeili P	ians (continued)	
Partnership Health Plan of Californ	· -		
Ethnic Group	Asthma	Diabetes	All ER
White	1.92	1.02	84.45
Hispanic	1.19	0.48	58.65
Black	1.83	0.37	69.15
Asian & Pacific Islander	2.73	0.91	39.40
Native American/Alaskan	1.80	0.00	91.56
Other	0.00	1.48	28.06
Missing/Invalid	0.90	3.39	64.71
Partnership Health Plan of Californ	nia, Yolo		
Ethnic Group	Asthma	Diabetes	All ER
White	1.84	0.83	54.64
Hispanic	1.68	0.75	51.58
Black	5.70	1.17	73.65
Asian & Pacific Islander	1.04	1.18	38.35
Native American/Alaskan	6.57	1.41	93.81
Other	0.54	2.70	43.69
Missing/Invalid	2.64	3.50	69.41
CalOPTIMA, Orange			
Ethnic Group	Asthma	Diabetes	All ER
White	0.85	0.31	34.83
Hispanic	0.74	0.16	33.83
Black	1.69	0.47	41.43
Asian & Pacific Islander	0.18	0.10	9.85
Native American/Alaskan	3.85	0.00	44.51
Other	0.19	0.23	7.21
Missing/Invalid	0.52	0.36	23.42
Central Coast Alliance for Health,	Santa Cruz		
Ethnic Group	Asthma	Diabetes	All ER
White	0.76	0.40	39.24
Hispanic	0.91	0.40	40.88
Black	1.31	0.56	42.63
Asian & Pacific Islander	0.29	1.08	29.67
Native American/Alaskan	4.31	3.23	59.27
Other	0.49	0.00	20.63
Missing/Invalid	0.48	0.40	35.37
Central Coast Alliance for Health,			
Ethnic Group	Asthma	Diabetes	All ER
White	1.70	0.69	53.72
Hispanic	1.02	0.42	42.82
Black	2.78	0.67	74.86
Asian & Pacific Islander	0.89	0.49	31.67
Native American/Alaskan	0.79	1.59	81.81
Other	1.90	0.76	26.29
Missing/Invalid	0.83	1.03	37.95
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Inpatient Admits* & Emergency Room Visits* for Asthma Population** Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (kMM) **Average Member Months (AveMM)

por 1,000 monato (mini) 7 monato	.go .v.obov.o.	iaio (rivoinin)	
	Average MM	IP Admits/kMM	ER Visits/kMM
Medi-Cal Program Rate	472,965	5.01	10.25
Medi-Cal Fee for Service Program Rate	210,457	6.92	9.71
Medi-Cal Managed Care (selected plans)	260,520	3.39	10.59
Geographic Managed Care Rate	30,673	3.41	12.16
Sharp Health Plan, San Diego	5,079	2.69	13.90
Universal Care, San Diego	1,033	5.00	18.56
Community Health Group, San Diego	6,211	3.81	9.15
Blue Cross of California, San Diego	1,468	3.24	15.10
University of Cal-San Diego Health Plan	1,184	3.66	12.18
Health Net, San Diego	609	4.93	4.93
Kaiser Foundation Health Plan, San Diego	924	3.97	5.41
Molina Health Care of California, Sacramento	1,257	2.92	15.78
Western Health Advantage, Sacramento	1,281	5.01	13.01
Health Net, Sacramento	1,860	3.63	5.33
Kaiser, Sacramento	2,021	4.54	10.31
Blue Cross of California, Sacramento	7,747	2.62	14.77
Two Plan Model Rate	193,021	3.21	9.84
Alameda Alliance for Health, Alameda	8,111	3.92	16.21
Blue Cross of California, Alameda	2,798	6.52	20.31
Contra Costa Health Plan, Contra Costa	5,833	4.06	15.33
Blue Cross of California, Contra Costa	914	3.37	13.76
Kern Family Health Care, Kern	7,540	2.50	6.70
Blue Cross of California, Kern	4,303	3.56	9.80
LA CARE Health Plan, Los Angeles	55,800	2.91	8.97
Health Net, Los Angeles	28,786	2.00	8.27
Inland Empire Health Plan, Riverside	7,647	4.76	11.74
Molina Health Care of California, Riverside	2,856	4.55	10.33
Inland Empire Health Plan, San Bernardino	12,348	5.97	10.58
Molina Health Care of California, San Bernardino	4,277	4.66	10.62
San Francisco Health Plan, San Francisco	2,343	3.09	6.83
Blue Cross of California, San Francisco	1,370	2.43	7.54
Health Plan of San Joaquin, San Joaquin	5,904	3.16	6.90
Blue Cross of California, San Joaquin	2,455	3.43	7.88
Santa Clara Family Health Plan, Santa Clara	4,123	4.10	12.69
Blue Cross of California, Santa Clara	1,055	4.42	20.69
Blue Cross/Stanislaus Local Initiative, Stanislaus	3,825	2.98	9.74
Blue Cross of California LI, Tulare	8,481	1.91	10.37
Health Net, Tulare	1,591	2.83	3.77
Blue Cross of California, Fresno	17,815	2.50	10.11
Health Net, Fresno	2,847	3.69	3.78
County Organized Health Systems Rate	36,826	4.30	13.22
Santa Barbara Health Initiative, Santa Barbara	3,427	2.46	14.49
Health Plan of San Mateo, San Mateo	4,078	4.33	13.65
Partnership Health Plan of California, Solano	4,044	4.02	11.04
Partnership Health Plan of California, Napa	684	7.07	22.90
Partnership Health Plan of California, Yolo	1,993	3.26	22.67
CalOPTIMA, Orange	16,501	4.67	11.27
Central Coast Alliance for Health, Santa Cruz	2,150	4.19	10.39
Central Coast Alliance for Health, Monterey	3,950	4.75	17.20
Rate for All Other Plan Codes	1,988	2.98	13.71

Inpatient Admits* & Emergency Room Visits* for Asthma Population**

Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (kMM) **Average Member Months (AveMM)

(By Age Group)

Overall Totals

	Overall 100	ais	
All Medi-Cal			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	20,178	9.77	12.26
1 to < 10	170,184	3.38	9.50
10 to < 20	94,669	2.49	9.17
20 to < 45	83,453	6.48	17.03
45 to < 65	64,063	9.08	8.86
65 to < 75	21,279	4.42	2.87
75 to < 85	14,615	5.93	2.57
85+	4,526	7.53	2.32
Medi-Cal Fee-For-Service			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	7,467	11.76	11.66
1 to < 10	46,774	4.56	9.43
10 to < 20	33,392	3.95	10.09
20 to < 45	41,041	8.64	17.20
45 to < 65	46,509	10.19	8.33
65 to < 75	18,492	4.45	2.56
75 to < 85	12,823	6.28	2.24
85+	3,960	7.83	2.15
Medi-Cal Managed Care (s		7.00	2.10
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	12,624	8.42	12.46
1 to < 10	122,731	2.94	9.50
10 to < 20	60,879	1.71	8.66
20 to < 45	41,939	4.40	16.85
45 to < 65	17,287	6.14	10.83
		4.22	5.01
65 to < 75	2,744		
75 to < 85	1,764	3.50	4.91
85+	552	5.28	3.17
Geographic Managed Car		15 4 1 11 11 11 11 11	ED \ /: :: // 1444
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	1,242	4.56	13.49
1 to < 10	13,419	2.92	10.97
10 to < 20	7,811	1.58	9.36
20 to < 45	5,891	5.25	18.77
45 to < 65	2,114	6.78	11.51
65 to < 75	142	7.64	3.53
75 to < 85	47	5.37	7.16
85+	9	19.61	9.80
Two Plan Model			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	9,459	8.70	11.83
1 to < 10	95,541	2.86	8.89
10 to < 20	46,514	1.72	8.16
20 to < 45	30,125	3.94	15.08
45 to < 65	10,648	5.56	9.26
65 to < 75	546	7.78	7.02
75 to < 85	151	9.41	4.43
85+	37	20.13	6.71

Inpatient Admits* & Emergency Room Visits* for Asthma Population** Dates of Service Between January 1, 2003 and December 31, 2003 * per 1,000 Member Months (kMM) **Average Member Months (AveMM)

(By Age Group)

Overall Totals (continued)

County Organized Health Syste	ems	, on the last of t	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	1,923	9.49	14.86
1 to < 10	13,771	3.52	12.27
10 to < 20	6,554	1.75	11.40
20 to < 45	5,922	5.90	23.95
45 to < 65	4,526	7.18	11.97
65 to < 75	2,056	3.04	4.58
75 to < 85	1,567	2.87	4.89
85+	507	3.95	2.80
All other Plan Codes			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	87	6.69	19.12
1 to < 10	679	1.96	13.13
10 to < 20	398	0.42	10.05
20 to < 45	473	3.88	18.85
45 to < 65	266	6.26	11.58
65 to < 75	44	3.83	3.83
75 to < 85	27	0.00	9.15
85+	14	12.35	18.52
		12.00	10.02
	ographic Manage	ed Care Plans	
Sharp Health Plan, San Diego			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	217	3.84	15.35
1 to < 10	2,441	1.84	14.47
10 to < 20	1,309	0.76	9.93
20 to < 45	864	5.02	17.37
45 to < 65	234	11.40	16.04
65 to < 75	12	13.70	13.70
75 to < 85	1	0.00	0.00
85+	0	0.00	0.00
Universal Care, San Diego			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	55	10.56	19.61
1 to < 10	476	3.15	17.14
10 to < 20	277	2.40	15.33
20 to < 45	156	10.13	30.38
45 to < 65	62	9.35	14.69
65 to < 75	3	0.00	0.00
75 to < 85	1	83.33	0.00
85+	1	83.33	0.00
Community Health Group, San	_		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	232	3.96	10.08
1 to < 10	3,000	3.39	8.39
10 to < 20	1,695	1.62	7.28
20 to < 45	804	6.43	16.17
45 to < 65	429	8.35	9.13
65 to < 75	36	16.32	0.00
75 to < 85	15	5.46	5.46
85+	1	100.00	0.00

Inpatient Admits* & Emergency Room Visits* for Asthma Population** Dates of Service Between January 1, 2003 and December 31, 2003 * per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

Geographic Managed Care Plans (continued)

Geographic Managed Care Plans (continued)				
Blue Cross of California, S				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	74	1.12	19.06	
1 to < 10	705	3.31	14.90	
10 to < 20	371	1.12	13.05	
20 to < 45	231	6.14	20.94	
45 to < 65	80	6.24	6.24	
65 to < 75	7	0.00	11.49	
75 to < 85	0	0.00	0.00	
85+	0	0.00	0.00	
University of Cal-San Dieg	ıo Health Plan			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	56	7.50	22.49	
1 to < 10	532	3.76	10.50	
10 to < 20	333	1.50	7.76	
20 to < 45	185	4.95	23.38	
45 to < 65	73	6.82	9.09	
65 to < 75	3	0.00	0.00	
75 to < 85	1	0.00	0.00	
85+	1	0.00	0.00	
	'	0.00	0.00	
Health Net, San Diego Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	Average MM 27	3.11	6.21	
1 to < 10	317	4.73	4.99	
10 to < 20	143	1.75	4.67	
20 to < 45	97	9.47	6.03	
45 to < 65	24	10.34	0.00	
65 to < 75	0	0.00	0.00	
75 to < 85	1	0.00	0.00	
85+	0	0.00	0.00	
Kaiser Foundation Health				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	19	13.33	4.44	
1 to < 10	384	2.60	4.34	
10 to < 20	226	1.47	2.95	
20 to < 45	192	5.64	8.68	
45 to < 65	77	9.75	10.83	
65 to < 75	15	16.30	5.43	
75 to < 85	7	0.00	0.00	
85+	3	0.00	0.00	
Molina Health Care of Cali	fornia, Sacramento			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	51	4.93	24.67	
1 to < 10	481	2.43	13.18	
10 to < 20	337	0.99	10.87	
20 to < 45	290	5.46	26.13	
45 to < 65	90	3.70	11.10	
65 to < 75	8	0.00	0.00	
75 to < 85	0	0.00	0.00	
85+	Ö	0.00	0.00	
50 .	U	0.00	0.00	

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

Geographic Managed Care Plans (continued)

	_	e Flans (Continued)	
Western Health Advantage, \$	Average MM	IP Admits/kMM	ER Visits/kMM
Age Range in Years 0 to < 1	46		
		5.43	12.68
1 to < 10	488	3.07	13.50
10 to < 20	316	3.69	11.35
20 to < 45	307	7.86	14.37
45 to < 65	116	8.64	10.80
65 to < 75	5	0.00	0.00
75 to < 85	2	34.48	103.45
85+	1	0.00	0.00
Health Net, Sacramento			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	78	3.19	3.19
1 to < 10	704	3.08	4.26
10 to < 20	460	1.99	6.35
20 to < 45	434	5.37	7.10
45 to < 65	173	6.27	3.86
65 to < 75	9	0.00	0.00
75 to < 85	1	0.00	0.00
85+	0	0.00	0.00
Kaiser, Sacramento	•		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	39	12.71	6.36
1 to < 10	821	3.55	9.75
10 to < 20	578	2.45	6.20
20 to < 45	424	7.28	15.73
45 to < 65	128	9.13	16.95
65 to < 75	20	4.18	4.18
75 to < 85	11	0.00	0.00
85+	1	0.00	58.82
Blue Cross of California, Sac		0.00	30.02
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	348	3.59	13.64
1 to < 10	3,070	2.74	11.48
10 to < 20	1,767	1.46	11.89
20 to < 45		3.19	23.42
	1,907		
45 to < 65	627	3.06	13.82
65 to < 75	23	0.00	3.56
75 to < 85	5	0.00	0.00
85+	0	0.00	0.00
	Two Plan Mod	lol Plane	
Alamada Allianaa far Haalth		iei rialis	
Alameda Alliance for Health, Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1			
1 to < 10	318 3.757	12.05	27.77 16.55
	3,757	3.62	16.55
10 to < 20	2,311	2.42	12.19
20 to < 45	1,161	3.37	21.11
45 to < 65	492	8.80	15.24
65 to < 75	56	4.46	4.46
75 to < 85	16	16.13	5.38
85+	1	0.00	0.00

Inpatient Admits* & Emergency Room Visits* for Asthma Population**

Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (kMM) **Average Member Months (AveMM)

(By Age Group)

Two Plan Model Plans (continued)				
Blue Cross of California,	Alameda			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	109	15.24	39.63	
1 to < 10	1,323	6.87	20.60	
10 to < 20	658	4.81	13.93	
20 to < 45	516	5.33	27.15	
45 to < 65	178	8.92	11.73	
65 to < 75	12	0.00	0.00	
75 to < 85	2	0.00	0.00	
85+	0	0.00	0.00	
Contra Costa Health Plan	•	0.00	0.00	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	261	9.58	19.81	
1 to < 10	2,694	2.97	14.07	
10 to < 20	1,428	1.52	10.04	
20 to < 45	1,036	5.63	24.77	
45 to < 65	359	12.07	15.79	
45 to < 75				
	33	7.52	12.53	
75 to < 85	13	13.07	6.54	
85+	9	36.70	18.35	
Blue Cross of California,				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	73	2.28	13.68	
1 to < 10	467	4.64	12.84	
10 to < 20	198	0.84	13.05	
20 to < 45	141	2.95	18.87	
45 to < 65	28	5.92	11.83	
65 to < 75	2	0.00	0.00	
75 to < 85	4	0.00	0.00	
85+	0	0.00	0.00	
Kern Family Health Care,	Kern			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	635	6.70	7.62	
1 to < 10	3,746	1.98	5.45	
10 to < 20	1,554	0.97	6.17	
20 to < 45	1,250	3.40	10.26	
45 to < 65	341	4.16	8.07	
65 to < 75	14	0.00	0.00	
75 to < 85	0	0.00	0.00	
85+	0	0.00	0.00	
Blue Cross of California,		0.00	0.00	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	276	5.73	16.90	
1 to < 10	1,747	2.05	10.78	
10 to < 20	925	0.54	7.84	
20 to < 45	959	6.34	9.29	
45 to < 65	378	9.48		
			6.17	
65 to < 75	17	0.00	4.95	
75 to < 85	1	0.00	0.00	
85+	0	0.00	0.00	

Inpatient Admits* & Emergency Room Visits* for Asthma Population** Dates of Service Between January 1, 2003 and December 31, 2003 * per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

Two Plan Model Plans (continued)				
LA CARE Health Plan, Los				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	2,467	6.62	7.80	
1 to < 10	29,445	2.57	8.17	
10 to < 20	13,306	1.70	8.19	
20 to < 45	7,397	4.01	13.74	
45 to < 65	3,013	5.20	9.32	
65 to < 75	137	11.54	12.76	
75 to < 85	24	6.94	10.42	
85+	11	23.44	7.81	
Health Net, Los Angeles				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	1,273	5.17	7.66	
1 to < 10	14,754	1.61	7.62	
10 to < 20	7,431	1.33	6.86	
20 to < 45	3,878	2.99	13.45	
45 to < 65	1,391	3.66	8.93	
65 to < 75	40	6.26	6.26	
75 to < 85	15	16.22	0.20	
75 to < 65 85+	4			
	•	21.28	0.00	
Inland Empire Health Plan,		ID A desite /IsBABA	ED \/:=:t=/\s\\\\	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	459	9.45	9.99	
1 to < 10	3,705	4.41	9.49	
10 to < 20	1,820	2.43	11.72	
20 to < 45	1,265	5.34	19.57	
45 to < 65	371	12.13	9.88	
65 to < 75	16	0.00	15.38	
75 to < 85	11	7.81	0.00	
85+	1	0.00	0.00	
Molina Health Care of Calif	fornia, Riverside			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	201	10.39	4.99	
1 to < 10	1,499	3.78	9.89	
10 to < 20	622	4.83	9.52	
20 to < 45	419	4.18	16.92	
45 to < 65	112	3.71	5.20	
65 to < 75	4	0.00	0.00	
75 to < 85	0	0.00	0.00	
85+	0	0.00	0.00	
Inland Empire Health Plan,	San Bernardino			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	537	17.24	9.47	
1 to < 10	6,012	5.46	9.55	
10 to < 20	3,067	3.56	8.67	
20 to < 45	2,152	7.32	17.00	
45 to < 65	545	8.26	8.87	
65 to < 75	22	15.44	7.72	
75 to < 85	8	10.53	0.00	
85+	5	0.00	0.00	
001	J	0.00	0.00	

Inpatient Admits* & Emergency Room Visits* for Asthma Population** Dates of Service Between January 1, 2003 and December 31, 2003 * per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

Two Plan Model Plans (continued)				
Molina Health Care of Calif				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	243	13.71	8.91	
1 to < 10	2,099	4.01	9.09	
10 to < 20	1,132	2.21	8.62	
20 to < 45	637	6.15	18.70	
45 to < 65	160	9.36	15.60	
65 to < 75	5	53.57	0.00	
75 to < 85	1	0.00	0.00	
85+	0	0.00	0.00	
San Francisco Health Plan	. San Francisco			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	91	10.03	10.03	
1 to < 10	1,258	2.65	4.77	
10 to < 20	483	0.86	3.80	
20 to < 45	316	4.48	16.87	
45 to < 65	162	4.13	9.80	
65 to < 75	17	14.63	19.51	
75 to < 85	14	6.17	0.00	
85+	3		0.00	
		28.57	0.00	
Blue Cross of California, S		ID A dissite //cNANA	ED \/:=:t=/kNANA	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	42	1.99	7.97	
1 to < 10	679	1.96	5.65	
10 to < 20	354	1.18	3.06	
20 to < 45	185	3.61	17.12	
45 to < 65	106	7.05	17.24	
65 to < 75	4	20.41	0.00	
75 to < 85	1	0.00	100.00	
85+	0	0.00	0.00	
Health Plan of San Joaquir	ı, San Joaquin			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	296	10.97	11.25	
1 to < 10	2,950	2.99	5.40	
10 to < 20	1,318	1.14	5.25	
20 to < 45	950	4.21	12.81	
45 to < 65	372	2.69	6.28	
65 to < 75	14	6.02	0.00	
75 to < 85	5	15.87	0.00	
85+	0	0.00	0.00	
Blue Cross of California, S				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	142	9.96	7.62	
1 to < 10	1,282	3.51	5.46	
10 to < 20	533	0.94	7.19	
20 to < 45	399	3.34	14.42	
45 to < 65	96	6.95	16.51	
65 to < 75	1	0.00	0.00	
75 to < 85	2	0.00	0.00	
85+	0	0.00	0.00	
ου τ	U	0.00	0.00	

Inpatient Admits* & Emergency Room Visits* for Asthma Population**

Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (kMM) **Average Member Months (AveMM)

(By Age Group)

Age Range in Years	I WO Plan Model Plans (continued)				
1 to < 10	Santa Clara Family Hea	alth Plan, Santa Clara			
1 to < 10 10 to < 20 10 to < 20 10 to < 25 10 to < 45 1755 14.41 21.52 445 to < 65 245 45 to < 85 65 to < 75 43 17.41 3.87 75 to < 85 20 8.33 85+ 1 0.00 Blue Cross of California, Santa Clara Age Range in Years Average MM 10 to < 1 41 8.20 38.93 1 to < 10 10 to < 20 238 3.86 14.73 20 to < 45 5 to < 75 9 0.00 Blue Cross/Stanislaus Local Initiative, Stanislaus Age Range in Years Average MM 10 to < 1 110 < 10 13.72 3.95 10 to < 20 914 110 < 10 1 1,372 3.95 10 to < 20 914 20 to < 45 975 222 124 45 to < 65 370 45 to < 65 65 to < 75 9 0.00 0.00 Blue Cross/Stanislaus Local Initiative, Stanislaus Age Range in Years Average MM 1P Admits/MMM ER Visits/MMM 1 to < 10 1,372 3.95 10 to < 20 914 10 < 10 1,372 3.95 9.35 10 to < 20 914 10 < 00 0.00 Blue Cross of California LI, Tulare Age Range in Years Average MM 1P Admits/MMM ER Visits/MMM 0 to < 1 483 1 to < 10 0.00 0.00 0.00 Blue Cross of California LI, Tulare Age Range in Years Average MM 1 to < 10 1,372 3.95 10 to < 20 914 10 00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
10 to < 20 852 1.76 10.07 20 to < 45 755 4.41 21.52 45 to < 65 to < 75 755 4.41 21.52 45 65 to < 65 6 245 8.85 9.87 65 to < 75 43 17.41 3.87 75 to < 85 20 8.33 8.33 8.33 85 85 1 0.00 0.00 0.00 85 4 1 0.00 0.00 85 10 to < 1 41 8.20 38.93 1 to < 10 41 8.20 38.93 1 to < 10 20 238 3.86 3.86 14.73 20 to < 45 5 5 9 0.00 0.00 85 10 to < 1 41 8.20 38.93 1 to < 10 412 4.85 18.60 10 to < 20 238 3.86 3.86 14.73 20 to < 45 228 2.92 34.29 45 to < 65 127 5.92 9.21 65 to < 75 9 0.00 0.00 0.00 85 + 0 0.00 0.00 0.00 85 + 0 0.00 0.00 0.00 85 + 0 0.00 0.00 0.00 85 + 0 0.00 0.00 0.00 85 4 8 8 8 8 8 8 8 8 9 9 9 0.00 0.00 0.00 85 4 8 8 8 8 8 8 8 8 8 9 9 9 0.00 0.00 0.00	0 to < 1	219	9.87	15.95	
20 to < 45	1 to < 10	1,987	3.44	10.70	
45 to < 65	10 to < 20	852	1.76	10.07	
65 to < 75	20 to < 45	755	4.41	21.52	
75 to < 85 20 8.33 8.34 85+ 1 0.00 0.00 Blue Cross of California, Santa Clara Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	45 to < 65	245	8.85	9.87	
75 to < 85 20 8.33 8.34 85+ 1 0.00 0.00 Blue Cross of California, Santa Clara Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	65 to < 75	43	17.41	3.87	
S5+		20	8.33		
Blue Cross of California, Santa Clara Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 41 8.20 38.93 3.86 11 to < 10 412 4.85 18.60 10 to < 20 238 3.86 2.92 34.29 45 to < 65 127 5.92 9.21 65 to < 75 9 0.00 0.00 0.00 0.00 85+ 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0					
Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1		ia. Santa Clara			
0 to < 1			IP Admits/kMM	ER Visits/kMM	
1 to < 10		_			
10 to < 20 238 3.86 14.73 20 to < 45 228 2.92 34.29 45 to < 65 127 5.92 9.21 65 to < 75 9 0.00 0.00 75 to < 85 0 0.00 0.00 85+ 0 0.00 0.00 Blue Cross/Stanislaus Local Initiative, Stanislaus Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 181 6.46 13.84 1 to < 10 1,372 3.95 9.35 10 to < 20 914 1.09 8.48 20 to < 45 9.75 12 0.00 0.00 25 to < 85 1 0.00 0.00 Blue Cross of California LI, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 1 8.1 6.46 1.38.4 1 to < 10 0.00 9.14 1.09 8.48 20 to < 45 9.75 2.22 12.40 45 to < 65 370 4.50 5.63 65 to < 75 12 0.00 0.00 75 to < 85 1 0.00 0.00 85+ 0 0.00 0.00 Blue Cross of California LI, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 483 5.18 13.64 1 to < 10 4,194 1.65 9.50 10 to < 20 1,897 0.61 8.52 20 to < 45 1,461 2.57 14.94 45 to < 65 432 3.86 7.91 65 to < 75 13 6.37 6.37 75 to < 85 1 83.33 0.00 85+ 0 0 0.00 0.00 Health Net, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 97 6.03 6.03 1 to < 10 787 6.03 6.03 1 to < 10 787 3.07 3.71 10 to < 20 383 0.43 2.17 20 to < 45 261 3.83 0.43 2.17 20 to < 45 261 3.83 0.43 2.17 20 to < 45 261 3.83 0.43 2.17 45 to < 65 61 5.45 6.81					
20 to < 45					
45 to < 65 127 5.92 9.21 65 to < 75 9 0.00 0.00 75 to < 85 0 0.00 0.00 85+ 0 0.00 0.00 Blue Cross/Stanislaus Local Initiative, Stanislaus Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 181 6.46 13.84 1 to < 10 1,372 3.95 10 to < 20 914 1.09 8.48 20 to < 45 975 2.22 12.40 45 to < 65 370 4.50 5.63 65 to < 75 12 0.00 0.00 Blue Cross of California LI, Tulare Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 8.84 1 to < 10 1.372 3.95 10 to < 20 9.14 1.00 0.00 0.00 85+ 0 0.00 0.00 85+ 0 1.00 0.00 10.00 Blue Cross of California LI, Tulare Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 4.83 5.18 13.64 1 to < 10 4.194 1.65 9.50 10 to < 20 1.897 0.61 8.52 20 to < 45 1.461 2.57 14.94 45 to < 65 432 3.86 7.91 65 to < 75 13 6.37 6.37 75 to < 85 1 8.33 0.00 85+ 0 0 0.00 0.00 Health Net, Tulare Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 8.33 0.00 85+ 0 0 0.00 0.00 Health Net, Tulare Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 97 6.03 6.03 1 to < 10 787 3.07 3.71 10 to < 20 383 0.43 2.17 20 to < 45 261 3.83 3.479 45 to < 65 661 5.45 6.81					
65 to < 75					
75 to < 85 0 0.00 0.00 Blue Cross/Stanislaus Local Initiative, Stanislaus Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1					
Blue Cross/Stanislaus Local Initiative, Stanislaus Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1					
Blue Cross/Stanislaus Local Initiative, Stanislaus Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1					
Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1				0.00	
0 to < 1		•		ED Vioito/kMM	
1 to < 10					
10 to < 20 914 1.09 8.48 20 to < 45 975 2.22 12.40 45 to < 65 370 4.50 5.63 65 to < 75 12 0.00 0.00 75 to < 85 1 0.00 0.00 85+ 0 0.00 0.00 Blue Cross of California LI, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 483 5.18 13.64 1 to < 10 4,194 1.65 9.50 10 to < 20 1,897 0.61 8.52 20 to < 45 1,461 2.57 14.94 45 to < 65 432 3.86 7.91 65 to < 75 13 6.37 6.37 75 to < 85 1 83.33 0.00 85+ 0 0 0.00 0.00 Health Net, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 85.20 0 0.00 0.00 0.00 Health Net, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 97 6.03 6.03 1 to < 10 787 3.07 3.71 10 to < 20 383 0.43 2.17 20 to < 45 261 3.83 4.79 45 to < 65 6.81					
20 to < 45					
45 to < 65 370 4.50 5.63 65 to < 75 12 0.00 0.00 75 to < 85 1 0.00 0.00 85+ 0 0.00 0.00 Blue Cross of California LI, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 483 5.18 13.64 1 to < 10 4,194 1.65 9.50 10 to < 20 1,897 0.61 8.52 20 to < 45 1,461 2.57 14.94 45 to < 65 432 3.86 7.91 65 to < 75 13 6.37 6.37 75 to < 85 1 83.33 0.00 85+ 0 0 0.00 0.00 0.00 Health Net, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 97 6.03 6.03 1 to < 10 787 3.07 3.71 10 to < 20 383 0.43 2.17 20 to < 45 261 3.83 4.79 45 to < 65 6.81					
65 to < 75					
75 to < 85					
Blue Cross of California LI, Tulare Average MM IP Admits/kMM ER Visits/kMM Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1					
Blue Cross of California LI, Tulare Average MM IP Admits/kMM ER Visits/kMM 0 to < 1					
Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1			0.00	0.00	
0 to < 1					
1 to < 10		_			
10 to < 20					
20 to < 45					
45 to < 65					
65 to < 75					
75 to < 85					
85+ 0 0.00 0.00 Health Net, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1		13		6.37	
Health Net, Tulare Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	75 to < 85	1	83.33	0.00	
Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	85+	0	0.00	0.00	
0 to < 1	Health Net, Tulare				
1 to < 10	Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
10 to < 20	0 to < 1	97	6.03	6.03	
20 to < 45 261 3.83 4.79 45 to < 65 61 5.45 6.81	1 to < 10	787	3.07	3.71	
45 to < 65 61 5.45 6.81	10 to < 20	383	0.43	2.17	
	20 to < 45	261	3.83	4.79	
	45 to < 65	61	5.45	6.81	
65 to < 75 3 0.00 0.00	65 to < 75	3	0.00	0.00	
75 to < 85 0 0.00 0.00					
85+ 0 0.00 0.00	85+				

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

Plus Cross of California E	TWO FIAIT WICKET FIAI	is (continued)	
Blue Cross of California, F Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	Average MM 851	13.51	23.40
1 to < 10	7,954	2.44	9.51
10 to < 20	4,437	1.18	7.36
20 to < 45	3,312	1.86	12.98
45 to < 65	1,177	1.84	7.29
65 to < 75	70	1.19	1.19
75 to < 85	12	0.00	0.00
85+	2	0.00	0.00
Health Net, Fresno			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	165	15.18	5.57
1 to < 10	1,419	3.88	3.29
10 to < 20	655	1.02	2.93
20 to < 45	473	3.17	5.99
45 to < 65	133	2.50	3.13
65 to < 75	2	0.00	0.00
75 to < 85	0	0.00	0.00
85+	0	0.00	0.00
		Ith Creatons Diana	
	ounty Organized Hea	ith System Plans	
Santa Barbara Health Initia	•	15 4 1 11 (1.444.4	ED) (; ;; ; ; ;) AAA
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	166	6.54	9.05
1 to < 10	1,218	2.05	12.18
10 to < 20	644	0.91	12.95
20 to < 45	685	1.46	24.46
45 to < 65	439	5.89	16.90
65 to < 75	151	2.21	1.66
75 to < 85	95	2.65	5.29
85+	32	2.65	2.65
Health Plan of San Mateo,			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	219	4.94	14.83
1 to < 10	1,432	3.38	10.36
10 to < 20	510	2.13	10.79
20 to < 45	516	8.55	30.02
45 to < 65	469	8.88	16.86
65 to < 75	400	3.12	10.82
75 to < 85	393	1.49	9.97
85+	139	1.80	3.00
Partnership Health Plan of			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	119	13.29	22.38
1 to < 10	1,182	3.24	11.21
10 to < 20	892	1.68	7.76
20 to < 45	959	3.82	16.69
45 to < 65	515	8.91	8.74
65 to < 75	195	2.57	2.99
75 to < 85	152	3.29	3.84
85+	31	5.32	5.32

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

County Organized Health System Plans (continued)

Partnership Health Plan of California, Napa				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	32	25.77	10.31	
1 to < 10	222	5.27	13.16	
10 to < 20	122	2.05	19.10	
20 to < 45	143	8.16	48.40	
	89	5.62		
45 to < 65			28.09	
65 to < 75	42	19.80	7.92	
75 to < 85	24	0.00	10.64	
85+	10	8.00	8.00	
Partnership Health Plan		ID A desite (LNANA	ED Marke II. MAA	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	86	10.66	26.16	
1 to < 10	534	2.34	24.50	
10 to < 20	378	2.43	16.54	
20 to < 45	469	4.80	30.76	
45 to < 65	333	3.00	18.01	
65 to < 75	102	0.82	13.08	
75 to < 85	74	1.13	20.29	
85+	17	0.00	19.42	
CalOPTIMA, Orange				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	1,008	10.09	12.98	
1 to < 10	6,753	3.99	11.32	
10 to < 20	2,899	1.98	10.61	
20 to < 45	2,145	7.73	22.03	
45 to < 65	1,953	6.53	7.81	
65 to < 75	903	2.12	2.49	
75 to < 85	629	3.18	0.66	
85+	213	3.92	1.57	
Central Coast Alliance for	-			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	91	9.18	8.26	
1 to < 10	824	2.73	10.82	
10 to < 20	360	1.16	9.49	
20 to < 45	384	4.55	13.87	
45 to < 65	304	8.49	11.50	
65 to < 75	96	5.22	1.74	
75 to < 85	63	8.00	4.00	
85+	28	6.02	0.00	
Central Coast Alliance for	or Health, Monterey			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	202	8.67	23.52	
1 to < 10	1,607	3.58	15.40	
10 to < 20	751	1.33	14.98	
20 to < 45	622	6.57	31.63	
45 to < 65	424	10.23	16.72	
65 to < 75	167	4.98	1.00	
75 to < 85	139	4.18	1.79	
85+	37	11.24	0.00	
- -	0.		2.00	

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

Overall Totals

	Ovoluli Totalo		
All Medi-Cal			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	300,725	3.55	10.97
Youth Related	31,972	4.13	9.35
Aged, Blind, Disabled	139,960	8.56	8.92
Other Aid Codes	308	11.64	14.08
Medi-Cal Fee-For-Service Program	1		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	83,298	4.94	11.99
Youth Related	13,724	4.91	9.24
Aged, Blind, Disabled	113,150	8.65	8.08
Other Aid Codes	286	9.34	13.13
Medi-Cal Managed Care (selected	plans)		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	216,112	2.97	10.51
Youth Related	18,085	3.44	9.32
Aged, Blind, Disabled	26,301	7.63	12.20
Other Aid Codes	22	41.51	26.42
Geographic Managed Care			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	26,169	2.94	11.92
Youth Related	1,735	2.93	13.21
Aged, Blind, Disabled	2,769	8.88	13.78
Other Aid Codes	0	0.00	0.00
Two Plan Model			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	166,853	2.93	9.76
Youth Related	13,727	3.11	8.08
Aged, Blind, Disabled	12,438	8.79	13.11
Other Aid Codes	3	29.41	0.00
County Organized Health Systems	•		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	23,089	3.36	14.38
Youth Related	2,624	5.50	13.21
Aged, Blind, Disabled	11,094	6.02	10.79
Other Aid Codes	19	43.29	30.30
All Other Plan Codes			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,316	2.15	14.38
Youth Related	164	1.02	11.72
Aged, Blind, Disabled	509	5.73	12.61
Other Aid Codes	0	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

Geographic Managed Care Plans

	grapine Managed Car	e rialis	
Sharp Health Plan, San Diego		ID A 1 11 (1 A 4 A 4	ED \ /: ''
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	4,410	1.98	13.55
Youth Related	364	2.06	18.78
Aged, Blind, Disabled	305	13.65	13.10
Other Aid Codes	0	0.00	0.00
Universal Care, San Diego			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	852	4.50	18.09
Youth Related	108	5.42	17.04
Aged, Blind, Disabled	73	13.71	28.57
Other Aid Codes	0	0.00	0.00
Community Health Group, San Dieg	0		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	5,348	3.18	8.88
Youth Related	425	3.14	10.21
Aged, Blind, Disabled	439	14.05	11.39
Other Aid Codes	0	0.00	0.00
Blue Cross of California, San Diego	-		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,227	2.78	14.87
Youth Related	157	2.65	20.68
Aged, Blind, Disabled	84	11.94	7.96
Other Aid Codes	0	0.00	0.00
		0.00	0.00
University of Cal-San Diego Health I		ID A 1 11 (1 A 4 A 4	ED \ /: ''
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	999	3.50	12.18
Youth Related	105	2.39	11.16
Aged, Blind, Disabled	80	7.29	13.54
Other Aid Codes	0	0.00	0.00
Health Net, San Diego			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	513	5.03	4.38
Youth Related	68	2.45	6.13
Aged, Blind, Disabled	27	12.20	12.20
Other Aid Codes	0	0.00	0.00
Kaiser Foundation Health Plan, San	Diego		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	748	2.67	4.90
Youth Related	33	5.00	2.50
Aged, Blind, Disabled	142	10.55	8.79
Other Aid Codes	0	0.00	0.00
Molina Health Care of California, Sa	cramento		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,100	2.73	15.76
Youth Related	36	4.58	6.86
Aged, Blind, Disabled	121	4.81	18.57
Other Aid Codes	0	0.00	0.00
Other Ald Codes	U	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

Geographic Managed Care (continued)

<u> </u>	c Managed Care (continuea)	
Western Health Advantage, Sacramento			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,048	4.93	12.64
Youth Related	46	1.81	16.27
Aged, Blind, Disabled	187	6.24	14.27
Other Aid Codes	0	0.00	0.00
Health Net, Sacramento			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,632	3.22	5.21
Youth Related	59	2.82	5.65
Aged, Blind, Disabled	168	7.92	6.44
Other Aid Codes	0	0.00	0.00
Kaiser, Sacramento			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,633	3.62	9.85
Youth Related	54	4.64	12.36
Aged, Blind, Disabled	334	8.98	12.23
Other Aid Codes	0	0.00	0.00
Blue Cross of California, Sacramento			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	6,659	2.47	14.68
Youth Related	280	2.67	10.70
Aged, Blind, Disabled	808	4.64	16.91
Other Aid Codes	0	0.00	0.00
Strict 7 tid Souds	ŭ	0.00	0.00
Tv	vo Plan Model Plai	าร	
Alameda Alliance for Health, Alameda			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	6,812	3.44	15.75
Youth Related	426	4.11	14.10
Aged, Blind, Disabled	873	9.45	21.19
Other Aid Codes	0	0.00	0.00
Blue Cross of California, Alameda			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,427	6.08	19.74
Youth Related	144	6.94	23.12
Aged, Blind, Disabled	226	11.78	24.66
Other Aid Codes	_		
	0	0.00	0.00
	0	0.00	0.00
Contra Costa Health Plan, Contra Costa	-		
Contra Costa Health Plan, Contra Costa Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Contra Costa Health Plan, Contra Costa Aid Code Category Family	Average MM 4,933	IP Admits/kMM 3.01	ER Visits/kMM 14.43
Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related	Average MM 4,933 252	IP Admits/kMM 3.01 4.30	ER Visits/kMM 14.43 18.54
Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled	Average MM 4,933 252 648	IP Admits/kMM 3.01 4.30 12.35	ER Visits/kMM 14.43 18.54 20.96
Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	Average MM 4,933 252	IP Admits/kMM 3.01 4.30	ER Visits/kMM 14.43 18.54
Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa	Average MM 4,933 252 648 0	IP Admits/kMM 3.01 4.30 12.35 333.33	ER Visits/kMM 14.43 18.54 20.96 0.00
Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category	Average MM	IP Admits/kMM 3.01 4.30 12.35 333.33	ER Visits/kMM 14.43 18.54 20.96 0.00 ER Visits/kMM
Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family	Average MM	IP Admits/kMM 3.01 4.30 12.35 333.33 IP Admits/kMM 3.41	ER Visits/kMM 14.43 18.54 20.96 0.00 ER Visits/kMM 13.21
Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family Youth Related	Average MM 4,933 252 648 0 Average MM 782 72	IP Admits/kMM 3.01 4.30 12.35 333.33 IP Admits/kMM 3.41 4.65	ER Visits/kMM 14.43 18.54 20.96 0.00 ER Visits/kMM 13.21 19.74
Contra Costa Health Plan, Contra Costa Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family	Average MM	IP Admits/kMM 3.01 4.30 12.35 333.33 IP Admits/kMM 3.41	ER Visits/kMM 14.43 18.54 20.96 0.00 ER Visits/kMM 13.21

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

Two Plan Model (continued)

Kern Family Health Care, Kern	•	,	
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	6,667	2.10	6.29
Youth Related	412	3.23	6.27
Aged, Blind, Disabled	460	7.97	13.04
Other Aid Codes	1	0.00	0.00
Blue Cross of California, Kern			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	3,569	2.55	10.09
Youth Related	186	1.80	8.53
Aged, Blind, Disabled	548	11.25	8.37
Other Aid Codes	1	0.00	0.00
LA CARE Health Plan, Los Angeles	6		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	47,835	2.75	8.98
Youth Related	5,303	2.84	7.09
Aged, Blind, Disabled	2,662	8.76	12.77
Other Aid Codes	Ó	0.00	0.00
Health Net, Los Angeles			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	24,727	1.84	8.11
Youth Related	2,684	1.89	7.67
Aged, Blind, Disabled	1,375	6.85	13.21
Other Aid Codes	0	0.00	0.00
Inland Empire Health Plan, Riversi	de		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	6,495	4.32	12.15
Youth Related	615	3.93	7.99
Aged, Blind, Disabled	538	11.93	11.00
Other Aid Codes	0	0.00	0.00
Molina Health Care of California, R	iverside		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,471	4.45	10.56
Youth Related	279	4.78	8.36
Aged, Blind, Disabled	106	10.99	10.20
Other Aid Codes	0	0.00	0.00
Inland Empire Health Plan, San Be	rnardino		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	10,970	5.37	10.64
Youth Related	560	8.03	8.63
Aged, Blind, Disabled	816	14.60	11.13
Other Aid Codes	1	0.00	0.00
Molina Health Care of California, S	an Bernardino		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	3,766	4.40	10.62
Youth Related	230	4.35	7.25
Aged, Blind, Disabled	281	9.49	13.35
Other Aid Codes	0	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

Two Plan Model (continued)

I'	wo Pian Model (Contin	iuea)	
San Francisco Health Plan, San Fran	ncisco		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,906	2.75	7.13
Youth Related	252	1.66	1.66
Aged, Blind, Disabled	186	8.98	10.77
Other Aid Codes	0	0.00	0.00
Blue Cross of California, San Franci	sco		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,104	2.34	6.94
Youth Related	160	1.04	5.20
Aged, Blind, Disabled	106	6.29	17.30
Other Aid Codes	0	0.00	0.00
Health Plan of San Joaquin, San Joa	auin		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	5,089	3.09	6.76
Youth Related	247	3.04	4.72
Aged, Blind, Disabled	568	6.16	9.39
Other Aid Codes	0	0.00	0.00
Blue Cross of California, San Joaqu	•	0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,154	3.13	7.97
Youth Related	136	3.67	2.44
Aged, Blind, Disabled	165	9.62	11.13
Other Aid Codes	0	0.00	0.00
Santa Clara Family Health Plan, San		0.00	0.00
Aid Code Category		IP Admits/kMM	ER Visits/kMM
Family	Average MM 3,540	3.86	13.02
Youth Related	3,340	4.94	11.11
	245	10.54	10.54
Aged, Blind, Disabled			
Other Aid Codes	0	0.00	0.00
Blue Cross of California, Santa Clara		IP Admits/kMM	ED Maita/kMM
Aid Code Category Family	Average MM 914	4.47	ER Visits/kMM 21.16
Youth Related	61	4.13	8.25
	81		25.77
Aged, Blind, Disabled		6.19	
Other Aid Codes	0	0.00	0.00
Blue Cross/Stanislaus Local Initiativ		ID A desite (Ishaha	ED \ /:-:4- //-NANA
Aid Code Category	Average MM	IP Admits/kMM 2.52	ER Visits/kMM 10.17
Family	3,137		
Youth Related	165 523	4.05	9.62
Aged, Blind, Disabled	523	6.05	7.17
Other Aid Codes	0	0.00	0.00
Blue Cross of California LI, Tulare			55. # # # # * # *
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	7,654	1.83	10.50
Youth Related	405	1.03	7.81
Aged, Blind, Disabled	422	5.53	10.47
Other Aid Codes	0	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

Two Plan Model (continued)

I'	wo Pian Model (contin	iued)	
Health Net, Tulare			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,467	2.73	3.69
Youth Related	74	3.38	3.38
Aged, Blind, Disabled	50	6.67	6.67
Other Aid Codes	0	0.00	0.00
Blue Cross of California, Fresno			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	15,867	2.22	9.81
Youth Related	568	3.82	12.04
Aged, Blind, Disabled	1,380	5.80	12.74
Other Aid Codes	0	0.00	0.00
Health Net, Fresno			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,569	3.54	3.86
Youth Related	160	1.56	3.65
Aged, Blind, Disabled	118	10.56	2.11
Other Aid Codes	0	0.00	0.00
County	Organized Health Sys	stem Plans	
Santa Barbara Health Initiative, Sant	ta Barbara		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,214	1.47	15.81
Youth Related	188	4.87	9.29
Aged, Blind, Disabled	1,023	4.24	12.63
Other Aid Codes	2	0.00	0.00
Health Plan of San Mateo, San Mate	0		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,013	3.23	13.08
Youth Related	389	3.00	10.71
Aged, Blind, Disabled	1,673	6.03	15.04
Other Aid Codes	3	28.57	0.00
Partnership Health Plan of California	a, Solano		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,584	2.77	11.22
Youth Related	150	5.56	13.34
Aged, Blind, Disabled	1,309	6.30	10.44
Other Aid Codes	1	125.00	0.00
Partnership Health Plan of California	a, Napa		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	407	5.94	25.20
Youth Related	53	9.49	23.73
Aged, Blind, Disabled	225	8.53	18.55
Other Aid Codes	0	0.00	0.00
Partnership Health Plan of California	a, Yolo		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,241	3.02	23.23
Youth Related	84	2.99	28.91
Aged, Blind, Disabled	666	3.76	20.91
Other Aid Codes	2	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

County Organized Health Systems (continued)

CalOPTIMA, Orange			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	10,538	3.88	12.95
Youth Related	1,378	6.65	12.34
Aged, Blind, Disabled	4,576	5.85	6.97
Other Aid Codes	9	28.30	66.04
Central Coast Alliance for Health,	Santa Cruz		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,362	2.81	11.62
Youth Related	139	5.98	14.36
Aged, Blind, Disabled	645	6.97	6.97
Other Aid Codes	3	32.26	0.00
Central Coast Alliance for Health,	Monterey		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,730	3.54	18.44
Youth Related	243	3.09	16.83
Aged, Blind, Disabled	977	8.70	13.82
Other Aid Codes	0	600.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Overall Totals

	Overall Totals		
All Medi-Cal			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	134,492	5.08	10.17
Hispanic	189,091	3.87	9.88
Black	76,011	6.57	14.35
Asian & Pacific Islander	44,281	4.48	5.47
Native American/Alaskan	3,156	4.96	11.85
Other	4,619	6.86	5.23
Missing/Invalid	21,316	10.22	10.20
Medi-Cal Fee-For-Service Progr		ID Admita/kMM	ED \/ioito/kMM
Ethnic Group White	Average MM 80,595	IP Admits/kMM 5.96	ER Visits/kMM 9.41
		6.22	10.52
Hispanic Black	57,980 28,501	10.76	14.20
Asian & Pacific Islander	21,770	6.22	4.56
Native American/Alaskan		5.68	10.69
Other	2,260	7.78	4.44
	3,642		4.44 8.32
Missing/Invalid Medi-Cal Managed Care (select	15,709	8.73	0.32
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	52,809	3.79	11.27
Hispanic	130,569	2.85	9.58
Black	47,398	4.06	14.43
Asian & Pacific Islander	22,400	2.81	6.33
Native American/Alaskan	841	3.07	14.66
Other	970	3.35	8.25
Missing/Invalid	5,534	9.44	12.21
Geographic Managed Care	5,554	9.44	12.21
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	9,234	3.59	10.91
Hispanic	10,881	2.60	11.31
Black	6,769	4.20	16.88
Asian & Pacific Islander	3,000	2.44	8.19
Native American/Alaskan	125	2.00	10.69
Other	46	5.49	10.99
Missing/Invalid	618	11.05	13.48
Two Plan Model	0.10	11.00	10.10
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	33,376	3.57	10.27
Hispanic	103,932	2.71	8.73
Black	37,435	3.97	13.72
Asian & Pacific Islander	14,077	2.62	5.91
Native American/Alaskan	579	2.74	12.09
Other	499	3.67	8.01
Missing/Invalid	3,123	10.27	13.34
County Organized Health Syste			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	10,199	4.69	14.89
Hispanic	15,755	3.95	13.94
Black	3,193	4.78	17.64
Asian & Pacific Islander	5,323	3.51	6.40
Native American/Alaskan	138	5.45	29.06
Other	426	2.74	8.22
Missing/Invalid	1,792	7.44	9.81
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* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Overall Totals (continued)

All Other Division Inc.	Overall Totals (conti	naca,	
All Other Plan Codes			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,088	2.99	13.10
Hispanic	543	1.38	15.36
Black	112	8.17	17.09
Asian & Pacific Islander	111	2.26	9.78
Native American/Alaskan	55	4.52	16.59
Other	6	13.51	0.00
Missing/Invalid	73	5.68	10.22
Wilsong/invalid	73	3.00	10.22
Ge	ographic Managed Ca	are Plans	
Sharp Health Plan, San Diego			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,453	3.10	12.67
Hispanic	2,295	1.96	13.98
Black	856	2.73	16.85
Asian & Pacific Islander	371	2.47	10.77
Native American/Alaskan	13	0.00	18.75
Other	4	0.00	0.00
Missing/Invalid	87	16.33	16.33
Universal Care, San Diego			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	262	2.55	16.24
Hispanic	505	3.13	15.83
Black	184	11.35	26.78
Asian & Pacific Islander	62	9.38	18.77
Native American/Alaskan	4	0.00	37.74
Other	0	0.00	0.00
Missing/Invalid	16	16.13	43.01
Community Health Group, San D		10.13	43.01
Ethnic Group	_	IP Admits/kMM	ER Visits/kMM
•	Average MM		
White	947	5.55	8.63
Hispanic	3,758	2.93	8.72
Black	863	4.15	13.52
Asian & Pacific Islander	519	2.89	4.98
Native American/Alaskan	14	11.83	5.92
Other	9	18.52	9.26
Missing/Invalid	102	19.62	14.72
Blue Cross of California, San Die	eao		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	471	4.24	13.08
Hispanic	598	2.09	13.51
Black	275	3.03	22.70
	_		
Asian & Pacific Islander	92	1.81	18.08
Native American/Alaskan	3	0.00	0.00
Other	0	0.00	0.00
Missing/Invalid	28	18.02	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Geographic Managed Care Plans (continued)

University of Cal-San Diego H	lealth Plan	ano (commuca)	
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	294	4.25	12.46
Hispanic	529	3.46	10.86
Black	267	3.12	14.34
Asian & Pacific Islander	68	4.91	12.27
Native American/Alaskan	5	0.00	15.38
Other	0	0.00	0.00
Missing/Invalid	19	4.29	12.88
Health Net, San Diego			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	170	1.47	1.96
Hispanic	286	4.66	4.66
Black	95	11.39	10.52
Asian & Pacific Islander	46	1.82	5.45
Native American/Alaskan	4	0.00	0.00
Other	0	0.00	0.00
Missing/Invalid	7	34.09	11.36
Kaiser Foundation Health Plan	n, San Diego		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	393	4.45	5.73
Hispanic	232	3.23	4.66
Black	205	3.66	6.11
Asian & Pacific Islander	55	1.52	3.05
Native American/Alaskan	5	0.00	0.00
Other	5	18.18	0.00
Missing/Invalid	30	8.47	8.47
Molina Health Care of Californ	nia, Sacramento		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	347	2.16	12.50
Hispanic	278	2.70	15.00
Black	440	4.16	21.38
Asian & Pacific Islander	167	1.99	11.46
Native American/Alaskan	4	0.00	0.00
Other	4	0.00	0.00
Missing/Invalid	18	0.00	0.00
Western Health Advantage, Sa	acramento		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	448	5.39	9.49
Hispanic	231	3.25	13.38
Black	445	5.62	18.18
Asian & Pacific Islander	112	3.73	5.22
Native American/Alaskan	5	0.00	0.00
Other	4	0.00	57.69
Missing/Invalid	37	9.07	11.34
Health Net, Sacramento			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	461	5.24	6.15
Hispanic	361	2.08	4.39
Black	527	4.90	8.38
Asian & Pacific Islander	465	1.08	2.33
Native American/Alaskan	4	0.00	0.00
Other	4	0.00	0.00
Missing/Invalid	39	12.79	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Geographic Managed Care Plans (continued)

Geographic Managed Care Plans (continued)				
Kaiser, Sacramento				
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM	
White	769	5.75	8.02	
Hispanic	248	2.69	10.09	
Black	776	4.30	12.25	
Asian & Pacific Islander	146	2.86	10.87	
Native American/Alaskan	10	0.00	24.19	
Other	3	0.00	27.78	
Missing/Invalid	70	4.76	10.70	
Blue Cross of California, Sacran	nento			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM	
White	3,220	2.33	12.40	
Hispanic	1,560	2.03	14.53	
Black	1,838	3.63	21.50	
Asian & Pacific Islander	898	2.23	9.75	
Native American/Alaskan	53	1.56	9.36	
Other	12	0.00	6.76	
Missing/Invalid	167	5.50	18.00	
3				
	Two Plan Model Plan	ans		
Alameda Alliance for Health, Ala	meda			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM	
White	1,057	3.15	13.09	
Hispanic	1,731	3.80	14.78	
Black	3,658	4.44	20.55	
Asian & Pacific Islander	1,428	2.16	7.35	
Native American/Alaskan	18	0.00	37.38	
Other	16	5.24	0.00	
Missing/Invalid	202	12.39	28.50	
Blue Cross of California, Alamed	da			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM	
White	523	3.51	11.32	
Hispanic	612	7.36	20.85	
Black	1,328	7.47	23.40	
Asian & Pacific Islander	281	5.64	18.11	
Native American/Alaskan	6	14.93	0.00	
Other	2	0.00	0.00	
Missing/Invalid	47	7.17	43.01	
Contra Costa Health Plan, Contr	a Costa			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM	
White	1,417	5.23	15.52	
Hispanic	1,766	3.26	13.97	
Black	2,097	3.86	16.45	
Asian & Pacific Islander	389	2.78	11.56	
Native American/Alaskan	16	0.00	15.23	
Other	9	9.52	38.10	
Missing/Invalid	139	9.01	22.84	
5				

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

		iis (continueu)	
Blue Cross of California, Contra Costa Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	189	2.20	
Hispanic	286	2.04	
Black	355	3.99	
Asian & Pacific Islander	65	10.20	
Native American/Alaskan	0	0.00	0.00
Other	0	0.00	
Missing/Invalid	19	0.00	21.74
Kern Family Health Care, Kern	13	0.00	21.77
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,828	3.33	
Hispanic	4,635	1.65	
Black	788	4.33	
Asian & Pacific Islander	161	2.08	
Native American/Alaskan	29	8.70	
Other	2	0.00	
Missing/Invalid	98	11.05	6.80
Blue Cross of California, Kern	00	11.00	0.00
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,622	5.09	
Hispanic	1,962	1.74	
Black	490	3.74	
Asian & Pacific Islander	122	6.84	
Native American/Alaskan	21	11.76	19.61
Other	3	0.00	0.00
Missing/Invalid	83	11.04	9.04
LA CARE Health Plan, Los Angeles			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	5,934	2.51	8.68
Hispanic	34,770	2.77	8.09
Black	10,710	3.42	12.83
Asian & Pacific Islander	3,277	2.52	5.75
Native American/Alaskan	99	1.69	7.60
Other	280	4.76	10.42
Missing/Invalid	731	6.62	10.95
Health Net, Los Angeles			
Ethnic Group	Average MM	IP Admits/kMM	
White	2,479	2.56	
Hispanic	17,140	1.73	8.24
Black	6,364	2.51	9.45
Asian & Pacific Islander	2,236	1.38	
Native American/Alaskan	56	1.49	
Other	96	2.60	
Missing/Invalid	415	5.42	9.84
Inland Empire Health Plan, Riverside			
Ethnic Group	Average MM	IP Admits/kMM	
White	2,564	3.90	
Hispanic	3,578	4.40	
Black	1,120	6.48	
Asian & Pacific Islander	171	5.36	
Native American/Alaskan	32	5.15	
Other Missing/Invalid	4 170	0.00	
Missing/Invalid	179	13.53	10.26

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Molina Health Care of Californ	wo Flair Wouel Flairs (C lia. Riverside	ontinu c u)	
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	707	4.84	11.80
Hispanic	1,645	4.36	8.00
Black	380	5.05	18.88
Asian & Pacific Islander	79	3.17	9.52
Native American/Alaskan	7	0.00	0.00
Other	3	0.00	0.00
Missing/Invalid	36	6.98	2.33
Inland Empire Health Plan, Sa			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	3,252	6.89	10.66
Hispanic	5,694	4.61	9.32
Black	2,612	6.76	13.85
Asian & Pacific Islander	447	5.03	6.71
Native American/Alaskan	74	0.00	12.36
Other	4	0.00	23.26
Missing/Invalid	264	19.55	10.40
Molina Health Care of Californ	ia. San Bernardino		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	890	4.59	10.86
Hispanic	2,025	3.74	8.76
Black	1,129	6.05	13.88
Asian & Pacific Islander	136	5.52	6.74
Native American/Alaskan	21	0.00	11.90
Other	1	0.00	0.00
Missing/Invalid	76	12.10	15.40
San Francisco Health Plan, Sa	ın Francisco		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	154	3.25	9.76
Hispanic	614	3.53	7.06
Black	735	4.20	10.66
Asian & Pacific Islander	788	1.37	2.43
Native American/Alaskan	10	0.00	8.55
Other	3	0.00	0.00
Missing/Invalid	40	10.44	8.35
Blue Cross of California, San	Francisco		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	113	3.67	14.70
Hispanic	212	2.75	12.18
Black	323	4.39	11.35
Asian & Pacific Islander	693	1.20	3.25
Native American/Alaskan	2	55.56	0.00
Other	2	0.00	0.00
Missing/Invalid	25	0.00	6.60
Health Plan of San Joaquin, S			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,456	3.61	7.04
Hispanic	2,281	2.63	6.39
Black	1,141	3.36	9.20
Asian & Pacific Islander	856	2.34	4.67
Native American/Alaskan	30	2.82	8.47
Other	13	0.00	13.07
Missing/Invalid	127	11.84	7.89

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

		iis (continueu)	
Blue Cross of California, San Joaquii Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	732	3.07	8.76
Hispanic	1,000	3.25	5.75
Black	482	2.94	12.29
Asian & Pacific Islander	185	4.07	4.52
Native American/Alaskan	17	9.95	4.98
Other	1	0.00	0.00
Missing/Invalid	39	15.12	8.64
Santa Clara Family Health Plan, Sant		10.12	0.04
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	659	4.55	12.64
Hispanic	2,493	3.68	13.97
Black	344	6.54	11.87
Asian & Pacific Islander	540	3.71	7.87
Native American/Alaskan	28	2.97	14.84
Other	4	0.00	0.00
Missing/Invalid	55	7.56	7.56
Blue Cross of California, Santa Clara		1.00	1.00
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	[*] 191	2.61	19.17
Hispanic	481	3.12	28.59
Black	61	9.58	15.05
Asian & Pacific Islander	294	6.24	7.95
Native American/Alaskan	8	0.00	0.00
Other	1	0.00	0.00
Missing/Invalid	19	12.99	60.61
Blue Cross/Stanislaus Local Initiative	e, Stanislaus		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,761	2.93	10.03
Hispanic	1,454	2.69	9.46
Black	265	2.20	13.51
Asian & Pacific Islander	228	0.73	4.75
Native American/Alaskan	15	0.00	10.81
Other	7	0.00	0.00
Missing/Invalid	95	17.61	10.56
Blue Cross of California LI, Tulare			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	2,057	1.98	11.87
Hispanic	5,729	1.67	9.51
Black	299	2.51	15.35
Asian & Pacific Islander	255	2.95	11.13
Native American/Alaskan	25	0.00	10.00
Other	2	0.00	0.00
Missing/Invalid	115	8.72	11.63
Health Net, Tulare			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	355	4.22	3.52
Hispanic	1,119	2.01	3.35
Black	51	4.86	11.35
Asian & Pacific Islander	44	5.67	5.67
Native American/Alaskan	6	0.00	0.00
Other Missing/Invalid	0	0.00	0.00
Missing/Invalid	16	16.13	10.75

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Two	Plan Model Plans (c	ontinued)	
Blue Cross of California, Fresno			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	3,004	2.36	10.74
Hispanic	10,764	2.35	9.81
Black	2,372	2.18	12.65
Asian & Pacific Islander	1,313	2.60	4.51
Native American/Alaskan	50	1.67	23.41
Other	45	1.87	3.73
Missing/Invalid	268	13.05	18.65
Health Net, Fresno			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	432	1.74	3.86
Hispanic	1,943	3.26	3.52
Black	332	6.27	5.02
Asian & Pacific Islander	90	8.38	5.59
Native American/Alaskan	10	8.06	0.00
Other	2	0.00	0.00
Missing/Invalid	38	15.25	2.18
Count	y Organized Health S	votom Plana	
Santa Barbara Health Initiative,	. •	ystem Flans	
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,105	3.24	15.99
Hispanic	1,846	1.58	13.41
Black	169	1.98	21.74
Asian & Pacific Islander	118	5.66	12.74
Native American/Alaskan	23	3.66	10.99
Other	20	0.00	12.71
Missing/Invalid	147	5.66	10.75
Health Plan of San Mateo, San M	lateo		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	867	2.88	15.38
Hispanic	1,596	2.51	10.76
Black	480	7.81	19.61
Asian & Pacific Islander	797	5.96	13.07
Native American/Alaskan	8	0.00	20.00
Other	115	1.45	11.59
Missing/Invalid	214	12.85	17.91
Partnership Health Plan of Califo	ornia, Solano		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,183	4.30	10.14
Hispanic	677	2.83	11.21
Black	1,480	3.83	12.55
Asian & Pacific Islander	446	4.11	8.21
Native American/Alaskan	22	0.00	26.42
Other	34	7.35	2.45
Missing/Invalid	202	7.43	10.74

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

County Organized Health System Plans (continued)

Partnership Health Plan of Califor	nized Ficaltii Oystelli nia Nana	rians (continuea)	
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	349	5.02	26.05
Hispanic	234	9.63	20.34
Black	23	10.79	17.99
Asian & Pacific Islander	31	16.00	32.00
Native American/Alaskan	4	0.00	22.22
Other	4	0.00	0.00
Missing/Invalid	40	6.33	8.44
Partnership Health Plan of Califor		0.00	0.44
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	931	2.51	19.79
Hispanic	624	3.21	23.39
Black	133	1.25	45.65
Asian & Pacific Islander	153	5.44	15.23
Native American/Alaskan	27	18.35	42.81
Other	10	0.00	8.26
Missing/Invalid	115	5.81	22.50
CalOPTIMA, Orange		5.5.	
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	4,125	5.66	13.92
Hispanic	7,196	4.85	13.55
Black	659	5.31	17.83
Asian & Pacific Islander	3,505	2.50	3.40
Native American/Alaskan	27	0.00	49.23
Other	203	2.46	4.10
Missing/Invalid	785	7.86	6.58
Central Coast Alliance for Health,	Santa Cruz		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	849	4.91	8.73
Hispanic	1,061	3.69	12.41
Black	59	4.27	9.96
Asian & Pacific Islander	54	1.54	4.61
Native American/Alaskan	14	0.00	23.12
Other	9	18.02	9.01
Missing/Invalid	103	4.85	4.85
Central Coast Alliance for Health,	Monterey		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	791	6.43	20.97
Hispanic	2,523	4.06	15.92
Black	190	7.01	30.65
Asian & Pacific Islander	217	5.75	13.80
Native American/Alaskan	12	13.89	6.94
Other	30	2.75	27.55
Missing/Invalid	187	3.57	7.59

Inpatient Admits* & Emergency Room Visits* for Diabetes Population** Dates of Service Between January 1, 2003 and December 31, 2003 * per 1,000 Member Months (kMM) **Average Member Months (AveMM)

	Average MM	IP Admits/kMM	ER Visits/kMM
Medi-Cal Program Rate	403,471	8.01	4.64
Medi-Cal Fee for Service Program Rate	289,103	8.57	4.39
Medi-Cal Managed Care (selected plans)	113,265	5.79	5.14
Geographic Managed Care Rate	9,689	7.22	6.55
Sharp Health Plan, San Diego	1,347	8.85	8.91
Universal Care, San Diego	300	9.17	9.17
Community Health Group, San Diego	2,102	6.30	3.57
Blue Cross of California, San Diego	526	4.91	2.53
University of Cal-San Diego Health Plan	391	9.17	4.91
Health Net, San Diego	157	10.06	2.12
Kaiser Foundation Health Plan, San Diego	331	12.86	1.51
Molina Health Care of California, Sacramento	434	6.14	6.72
Western Health Advantage, Sacramento	538	9.92	4.03
Health Net, Sacramento	550	5.00	1.36
Kaiser, Sacramento	728	10.88	12.94
Blue Cross of California, Sacramento	2,286	4.99	9.55
Two Plan Model Rate	65,680	5.34	4.64
Alameda Alliance for Health, Alameda	2,022	5.97	8.41
Blue Cross of California, Alameda	678	8.85	7.01
Contra Costa Health Plan, Contra Costa	1,447	7.95	9.50
Blue Cross of California, Contra Costa	143	11.11	11.70
Kern Family Health Care, Kern	2,513	6.33	4.21
Blue Cross of California, Kern	1,901	6.84	3.99
LA CARE Health Plan, Los Angeles	22,358	4.03	3.82
Health Net, Los Angeles	10,237	4.15	3.12
Inland Empire Health Plan, Riverside	2,505	9.38	7.12
Molina Health Care of California, Riverside	816	8.17	7.05
Inland Empire Health Plan, San Bernardino	3,449	10.34	6.45
Molina Health Care of California, San Bernardino	1,147	7.70	6.18
San Francisco Health Plan, San Francisco	811	4.01	2.05
Blue Cross of California, San Francisco	441	3.21	1.70
Health Plan of San Joaquin, San Joaquin	2,010	5.97	4.06
Blue Cross of California, San Joaquin	692	5.66	3.73
Santa Clara Family Health Plan, Santa Clara	1,599	7.24	6.62
Blue Cross of California, Santa Clara	579	2.45	8.35
Blue Cross/Stanislaus Local Initiative, Stanislaus	1,404	5.40	6.17
Blue Cross of California LI, Tulare	2,736	3.81	6.37
Health Net, Tulare	547	3.35	1.37
Blue Cross of California, Fresno Health Net, Fresno	4,869 777	5.36 4.61	4.78 0.75
County Organized Health Systems Rate	37,896	6.22	5.64
Santa Barbara Health Initiative, Santa Barbara	3,710	4.38	6.96
Health Plan of San Mateo, San Mateo	4,847	2.91	9.39
Partnership Health Plan of California, Solano	3,107	7.27	4.51
Partnership Health Plan of California, Napa	617	7.43	13.77
Partnership Health Plan of California, Yolo	1,890	3.79	12.08
CalOPTIMA, Orange	17,473	6.48	3.25
Central Coast Alliance for Health, Santa Cruz	1,833	11.09	6.23
Central Coast Alliance for Health, Monterey	4,417	8.49	6.51
Rate for All Other Plan Codes	1,103	8.08	9.90

Inpatient Admits* & Emergency Room Visits* for Diabetes Population**

Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (kMM) **Average Member Months (AveMM)

(By Age Group)

Overall Totals

Age Range in Years Average MM IP Admits/MMM ER Visits/kMMM 0 to < 1 309 11.322 3.23 1 to < 10 4,566 5.46 3.80 10 to < 20 11,229 11.19 6.99 20 to < 45 78,128 10.76 7.89 45 to < 65 144,912 10.78 5.59 65 to < 75 91,361 3.53 2.26 75 to < 85 58,138 3.49 1.84 85+ 14,829 4.00 1.57 Med-Cal Fee-For-Service Program Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 113 21.48 7.41 1 to < 0 1,469 7.71 4.88 10 to < 20 4,541 13.19 8.66 20 to < 45 40,917 14.57 9.02 45 to < 65 100,149 12.89 5.84 65 to < 75 78,312 3.60 2.09 75 to < 85 50,524 3.	All Medi-Cal			
1 to < 10		Average MM	IP Admits/kMM	ER Visits/kMM
10 to < 20 11,229 11.19 6.99 20 to < 45 78,128 10.76 7.89 45 to < 65 144,912 10.78 5.59 65 to < 75 91,361 3.53 2.26 75 to < 85 58,138 3.49 1.84 85+ 14,829 4.00 1.57 Medi-Cal Fee-For-Service Program Age Range in Years Average MM 1P Admits/kMM 21 4.88 10 to < 1 1.13 21.48 7.41 1 to < 10 1,469 7.71 4.88 65 to < 75 78,312 3.60 2.99 45 to < 85 10.01,49 12.89 5.84 65 to < 75 78,312 3.60 2.99 75 to < 85 50,524 3.58 1.66 85+ 13,077 4.20 1.45 Medi-Cal Managed Care (selected plans) Age Range in Years Average MM 0 to < 1 1.96 0 to < 1 1.96 4.26 0.85 1 to < 10 3.081 4.49 3.25 1 to < 20 6.656 9.83 5.85 2 to < 45 44,364 6.05 4.98 6 to < 75 12,820 3.10 3.29 8 5+ 17,08 2.54 Geographic Managed Care Age Range in Years Average MM 1P Admits/kMM Erx Visits/kMM 0 to < 1 1.96 4.26 0.85 1 to < 10 3.081 4.49 3.25 1 to < 20 6.656 9.83 5.85 2 to < 45 36,989 6.56 6.60 4 5 to < 65 44,364 6.05 4.98 6 5 to < 75 12,820 3.10 3.29 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.83 2.92 8 5+ 1,708 2.54 2.93 2.93 8 5+ 1,708 2.94 2.94 2.94 2.94 2.94 2.94 2.94 2.94	0 to < 1	309	11.32	3.23
20 to < 45	1 to < 10	4,566	5.46	3.80
45 to < 65 144,912 10.78 5.59 65 to < 75 91,361 3.53 2.26 85 to < 75 to < 85 58,138 3.49 1.84 85+ 14,829 4.00 1.57 Medi-Cal Fee-For-Service Program Age Range in Years Average MM 1P Admits/MMM 21.48 7.41 1 to < 10 1,469 7.71 4.88 8.66 20 to < 45 10.01 4.57 4.50 8.66 65 to < 75 12,820 3.81 4.49 3.58 6.66 1.60 5 4.88 6.50 5.75 12,820 3.10 3.29 75 to < 85 7.5 to < 85 7.452 4.36 8.59 10.00 1.00 1.00 1.00 1.00 1.00 1.00 1.	10 to < 20	11,229	11.19	6.99
65 to < 75	20 to < 45	78,128	10.76	7.89
75 to < 85	45 to < 65	144,912	10.78	5.59
75 to < 85	65 to < 75	91,361	3.53	2.26
85+ 14,829 4.00 1.57 Medi-Cal Fee-For-Service Program Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	75 to < 85		3.49	1.84
Medi-Cal Fee-For-Service Program Average MM IP Admitts/kMM ER Visits/kMM 0 to < 1	85+		4.00	1.57
0 to < 1 1 113 21.48 7.41 1 to < 10 1.469 7.71 4.88 10 to < 20 4.541 13.19 8.66 20 to < 45 40,917 14.57 9.02 45 to < 65 100,149 12.89 5.84 65 to < 75 78,312 3.60 2.09 75 to < 85 50,524 3.58 1.66 85+ 13,077 4.20 1.45 Medi-Cal Managed Care (selected plans) Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 3,081 4.49 3.25 1 to < 10 3,081 4.49 3.25 20 to < 45 36,989 6.56 6.60 45 to < 65 44,364 6.05 4.98 65 to < 75 712,820 3.10 3.29 75 to < 85 7,452 2.83 2.92 85+ 1,708 2.54 2.83 2.92 85+ 1,708 2.54 2.83 2.92 85+ 1,708 2.54 2.83 2.92 85+ 1,708 2.54 2.83 2.92 85+ 1,708 2.54 2.83 2.92 85+ 1,708 2.54 2.83 2.92 85+ 1,708 2.54 2.83 2.92 85+ 20 to < 45 3.946 7.41 8.21 45 to < 65 4.022 7.07 5.68 65 to < 75 5.3 3,946 7.41 8.21 45 to < 65 4.022 7.07 5.68 65 to < 75 5.53 3.62 4.52 75 to < 85 261 4.79 2.24 85+ 25 3.39 10.17 Two Plan Model Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 20 5.97 11.59 5.03 20 to < 45 3.946 7.41 8.21 45 to < 65 4.022 7.07 5.68 65 to < 75 5.53 3.62 4.52 75 to < 85 261 4.79 2.24 85+ 25 3.39 10.17 Two Plan Model Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 114 3.67 0.73 1 to < 10 2.338 3.92 2.24 85+ 25 3.39 10.17 Two Plan Model Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 114 3.67 0.73 1 to < 10 2.338 3.92 2.89 10 to < 45 2.7967 4.67 4.67 4.09 65 to < 75 to < 85 2.7967 4.67 4.67 4.09 65 to < 75 to < 85 6.65 4.39 2.63	Medi-Cal Fee-For-Service			
1 to < 10 1,469 7.71 4.88 10 to < 20 4,541 13.19 8.66 20 to < 45 40,917 14.57 9.02 45 to < 65 100,149 12.89 5.84 65 to < 75 78,312 3.60 2.09 75 to < 85 50,524 3.58 1.66 85+ 13,077 4.20 1.45 Medi-Cal Managed Care (selected plans) Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 196 4.26 0.85 1 to < 10 3,081 4.49 3.25 10 to < 20 6,656 9.83 5.85 20 to < 45 36,89 6.56 6.60 45 to < 65 44,364 6.05 4.98 65 to < 75 12,820 3.10 3.29 75 to < 85 7,452 2.83 2.92 85+ 1,708 2.54 2.83 2.92 Geographic Managed Care Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 20 0.00 0.00 1 to < 20 5.66 6.66 7.84 6.99 85+ 1,708 2.54 2.83 2.92 Geographic Managed Care Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 20 0.00 0.00 1 to < 1 20 0.00 0.00 1 to < 10 266 7.84 6.90 10 to < 20 5.97 11.59 5.03 20 to < 45 3,946 7.41 8.21 45 to < 65 4,022 7.07 5.68 65 to < 75 5.53 3.62 4.52 75 to < 85 2.61 4.79 2.24 45 to < 65 4.022 7.07 5.68 65 to < 75 5.53 3.62 4.52 75 to < 85 2.61 4.79 2.24 85+ 25 3.39 10.17 TWO Plan Model Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 114 3.67 0.73 1 to < 10 2,338 3.92 2.89 10 to < 45 2.79 10 to < 20 5.255 9.32 5.41 20 to < 45 2.7,007 5.50 5.46 45 to < 65 2.7,967 4.67 4.09 65 to < 75 5.00 5.46 45 to < 65 2.7,967 4.67 4.09 65 to < 75 2.247 4.19 2.256 75 to < 85 2.247 4.19 2.56 75 to < 85 6.65 4.39	Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
10 to < 20	0 to < 1	113	21.48	7.41
20 to < 45	1 to < 10	1,469	7.71	4.88
45 to < 65 100,149 12.89 5.84 65 to < 75 78,312 3.60 2.09 75 to < 85 50,524 3.58 1.66 85+ 13,077 4.20 1.45 Medi-Cal Managed Care (selected plans) Age Range in Years Average MM 1P Admits/kMM ER Visits/kMM 0 to < 1 196 4.26 0.85 10 to < 20 6,656 9.83 5.85 20 to < 45 36,989 6.56 6.60 4.50 4.29 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 85+ 1,708 2.54 2.39 2.39 1,708 2.54 2.54 2.54 2.54 2.54 2.54 2.54 2.54	10 to < 20	4,541	13.19	8.66
65 to < 75	20 to < 45	40,917	14.57	9.02
75 to < 85	45 to < 65	100,149	12.89	5.84
85+ 13,077 4.20 1.45 Medi-Cal Managed Care (selected plans) Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	65 to < 75	78,312	3.60	2.09
Medi-Cal Managed Care (selected plans) Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	75 to < 85	50,524	3.58	1.66
Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	85+	13,077	4.20	1.45
0 to < 1	Medi-Cal Managed Care (s	selected plans)		
1 to < 10			IP Admits/kMM	ER Visits/kMM
10 to < 20 6,656 9.83 5.85 20 to < 45 36,989 6.56 6.60 45 to < 65 44,364 6.05 4.98 65 to < 75 12,820 3.10 3.29 75 to < 85 7,452 2.83 2.92 85+ 1,708 2.54 2.83 2.92 Geographic Managed Care Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 20 0.00 0.00 1 to < 10 266 7.84 6.90 10 to < 20 597 11.59 5.03 20 to < 45 3,946 7.41 8.21 45 to < 65 4,022 7.07 5.68 65 to < 75 553 3.62 4.52 75 to < 85 261 4.79 2.24 85+ 25 3.39 10.17 Two Plan Model Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 114 3.67 0.73 1 to < 10 2,338 3.92 2.89 10 to < 20 5,255 9.32 5.41 20 to < 45 27,007 5.56 45 to < 65 27,967 4.67 4.09 65 to < 75 2,247 4.19 2.56 75 to < 85 665 4.09	0 to < 1	196	4.26	0.85
20 to < 45	1 to < 10	3,081	4.49	3.25
45 to < 65 44,364 6.05 4.98 65 to < 75 12,820 3.10 3.29 75 to < 85 7,452 2.83 2.92 85+ 1,708 2.54 2.39 Geographic Managed Care Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 20 0.00 0.00 1 to < 10 266 7.84 6.90 10 to < 20 597 11.59 5.03 20 to < 45 3,946 7.41 8.21 45 to < 65 4,022 7.07 5.68 65 to < 75 553 3.62 4.52 75 to < 85 261 4.79 2.24 85+ 25 3.39 10.17 Two Plan Model Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1 114 3.67 0.73 1 to < 10 2.338 3.92 2.89 10 to < 20 5,255 9.32 5.41 20 to < 45 27,007 5.50 45 to < 65 6.50 5.40 20 5,255 9.32 5.41 20 to < 45 27,967 4.67 4.09 65 to < 75 5 < 52,247 4.19 2.56 75 to < 85 665 4.39	10 to < 20	6,656	9.83	5.85
65 to < 75	20 to < 45	36,989	6.56	6.60
75 to < 85	45 to < 65	44,364	6.05	4.98
85+ 1,708 2.54 2.39 Geographic Managed Care Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	65 to < 75	12,820	3.10	3.29
Geographic Managed Care Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	75 to < 85	7,452	2.83	2.92
Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	85+	1,708	2.54	2.39
0 to < 1		e		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	•	_		
10 to < 20	0 to < 1			
20 to < 45				
45 to < 65				
65 to < 75				
75 to < 85	45 to < 65	4,022	7.07	5.68
85+ 25 3.39 10.17 Two Plan Model Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1	65 to < 75			
Two Plan Model Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1				
Age Range in Years Average MM IP Admits/kMM ER Visits/kMM 0 to < 1		25	3.39	10.17
0 to < 1				
1 to < 10		_		
10 to < 20				
20 to < 45				
45 to < 65		•		
65 to < 75 2,247 4.19 2.56 75 to < 85 665 4.39 2.63				
75 to < 85 665 4.39 2.63		•		
85+ 87 7.68 1.92				
	85+	87	7.68	1.92

Inpatient Admits* & Emergency Room Visits* for Diabetes Population** Dates of Service Between January 1, 2003 and December 31, 2003 * per 1,000 Member Months (kMM) **Average Member Months (AveMM)

(By Age Group)

Overall Totals (continued)

County Organized Health Syst	tems	ontinuou,	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	62	6.72	1.34
1 to < 10	477	5.42	2.97
10 to < 20	804	11.81	9.33
20 to < 45	6,036	10.74	10.60
45 to < 65	12,375	8.86	6.76
65 to < 75	10,019	2.83	3.39
75 to < 85	6,526	2.59	2.98
85+	1,596	2.25	2.30
All other Plan Codes	,		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	1	0.00	0.00
1 to < 10	15	0.00	11.05
10 to < 20	32	15.83	7.92
20 to < 45	222	12.75	14.62
45 to < 65	399	10.03	11.70
65 to < 75	229	2.55	4.38
75 to < 85	162	6.19	8.77
85+	44	0.00	3.75
		0.00	0.70
	eographic Manage	ed Care Plans	
Sharp Health Plan, San Diego			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	3	0.00	0.00
1 to < 10	50	11.61	4.98
10 to < 20	121	8.29	2.76
20 to < 45	603	7.32	9.12
45 to < 65	506	11.21	10.38
65 to < 75	53	1.56	6.24
75 to < 85	9	9.09	9.09
85+	2	45.45	136.36
Universal Care, San Diego			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	1	0.00	0.00
1 to < 10	12	0.00	0.00
10 to < 20	27	15.63	9.38
20 to < 45	117	10.65	9.23
45 to < 65	130	7.69	10.89
65 to < 75	10	8.33	0.00
75 to < 85	2	0.00	0.00
85+	1	0.00	0.00
Community Health Group, Sai	n Diego		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	7	0.00	0.00
1 to < 10	47	1.76	15.87
10 to < 20	128	7.19	1.96
20 to < 45	716	6.64	4.43
45 to < 65	896	6.98	2.42
65 to < 75	165	4.03	5.04
75 to < 85	131	4.45	2.54
85+	13	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

Geographic Managed Care Plans (continued)

Geographic Managed Care Plans (continued)				
Blue Cross of California, Sa				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	3	0.00	0.00	
1 to < 10	33	2.56	0.00	
10 to < 20	41	6.04	4.02	
20 to < 45	215	5.82	1.94	
45 to < 65	216	4.24	3.47	
65 to < 75	16	5.38	0.00	
75 to < 85	3	0.00	0.00	
85+	0	0.00	0.00	
University of Cal-San Diego	Health Plan			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	0	0.00	0.00	
1 to < 10	11	0.00	7.41	
10 to < 20	28	9.04	6.02	
20 to < 45	174	12.94	5.75	
45 to < 65	160	6.27	4.18	
65 to < 75	15	5.49	0.00	
75 to < 85	3	0.00	0.00	
85+	0	0.00	0.00	
Health Net, San Diego				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	0	0.00	0.00	
1 to < 10	7	0.00	0.00	
10 to < 20	10	16.13	0.00	
20 to < 45	73	11.39	0.00	
45 to < 65	60	7.00	4.20	
65 to < 75	4	21.74	0.00	
75 to < 85	3	26.32	26.32	
85+	0	0.00	0.00	
Kaiser Foundation Health Pl	lan. San Diego			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	0	0.00	0.00	
1 to < 10	3	27.03	0.00	
10 to < 20	10	40.98	0.00	
20 to < 45	106	18.85	2.36	
45 to < 65	122	10.91	1.36	
65 to < 75	52	3.23	1.61	
75 to < 85	35	7.21	0.00	
85+	3	0.00	0.00	
Molina Health Care of Califo		0.00	0.00	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	0	0.00	0.00	
1 to < 10	7	11.49	11.49	
10 to < 20	21	27.56	7.87	
20 to < 45	187	4.90	9.35	
45 to < 65	195	5.54	4.26	
65 to < 75	20	0.00	4.24	
75 to < 85		0.00	0.00	
	4			
85+	0	0.00	0.00	

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

Geographic Managed Care Plans (continued)

Western Health Advantage,		aro i iano (oonimaca)	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	1	0.00	0.00
1 to < 10	7	23.81	23.81
10 to < 20	27	12.58	9.43
20 to < 45	205	10.17	7.73
45 to < 65	241	9.67	0.69
65 to < 75	43	7.81	0.00
75 to < 85	12	6.90	0.00
85+	2	0.00	0.00
Health Net, Sacramento			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	2	0.00	0.00
1 to < 10	15	0.00	0.00
10 to < 20	32	25.77	2.58
20 to < 45	227	4.04	1.84
45 to < 65	247	3.03	1.01
65 to < 75	21	7.84	0.00
75 to < 85	6	13.16	0.00
85+	0	0.00	0.00
Kaiser, Sacramento	-		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	0	0.00	0.00
1 to < 10	7	22.99	11.49
10 to < 20	26	31.95	9.58
20 to < 45	253	14.50	20.10
45 to < 65	322	9.05	10.34
65 to < 75	80	3.13	7.30
75 to < 85	37	2.28	2.28
85+	3	0.00	0.00
Blue Cross of California, Sac			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	3	0.00	0.00
1 to < 10	67	12.48	6.24
10 to < 20	127	7.25	8.56
20 to < 45	1,070	4.59	11.37
45 to < 65	926	5.13	8.19
65 to < 75	75	0.00	7.79
75 to < 85	17	0.00	0.00
85+	1	0.00	0.00
	Two Plan Mo	odel Plans	
Alameda Alliance for Health	, Alameda		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	3	24.39	24.39
1 to < 10	51	9.90	3.30
10 to < 20	85	11.76	13.73
20 to < 45	724	6.21	12.43
45 to < 65	899	5.28	5.75
65 to < 75	198	4.21	4.63
75 to < 85	57	7.33	8.80
85+	6	0.00	0.00

Inpatient Admits* & Emergency Room Visits* for Diabetes Population** Dates of Service Between January 1, 2003 and December 31, 2003 * per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

Two Plan Model Plans (continued)				
Blue Cross of California,	Alameda			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	0	0.00	0.00	
1 to < 10	24	10.42	6.94	
10 to < 20	35	19.32	9.66	
20 to < 45	294	13.02	9.62	
45 to < 65	287	3.49	4.94	
65 to < 75	32	2.65	0.00	
75 to < 85	4	40.82	0.00	
85+	2	0.00	0.00	
Contra Costa Health Plan,		0.00	0.00	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	1	0.00	0.00	
1 to < 10	50	1.66	9.95	
10 to < 20	86	12.55	10.62	
20 to < 45	557	10.62	14.36	
45 to < 65	579	6.77	6.91	
	114		1.46	
65 to < 75		2.19		
75 to < 85	53	1.58	3.16	
85+	7	25.64	0.00	
Blue Cross of California,				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	0	0.00	0.00	
1 to < 10	8	42.11	0.00	
10 to < 20	10	68.97	34.48	
20 to < 45	68	7.40	9.86	
45 to < 65	52	1.61	12.88	
65 to < 75	2	0.00	0.00	
75 to < 85	2	0.00	0.00	
85+	1	0.00	0.00	
Kern Family Health Care,	Kern			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	5	0.00	0.00	
1 to < 10	107	2.33	0.78	
10 to < 20	503	4.14	2.65	
20 to < 45	1,010	8.01	5.03	
45 to < 65	833	6.20	4.80	
65 to < 75	48	7.02	1.75	
75 to < 85	7	12.82	0.00	
85+	1	0.00	0.00	
Blue Cross of California, I		0.00	0.00	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	2	43.48	0.00	
1 to < 10	78	0.00	0.00	
10 < 10 10 to < 20	263	4.12	0.00	
20 to < 45	862	4.12 8.12	5.51	
45 to < 65	646	6.84	3.87	
65 to < 75	40	10.46	2.09	
75 to < 85	10	0.00	0.00	
85+	2	0.00	0.00	

Inpatient Admits* & Emergency Room Visits* for Diabetes Population** Dates of Service Between January 1, 2003 and December 31, 2003 * per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

	i wo Pian Model Pian	s (continuea)	
LA CARE Health Plan, Los	s Angeles		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	31	0.00	0.00
1 to < 10	913	2.56	3.47
10 to < 20	1,671	5.74	4.74
20 to < 45	8,994	3.88	3.98
45 to < 65	9,951	4.07	3.58
65 to < 75	633	3.56	3.56
75 to < 85	142	2.34	4.69
85+	24	10.56	3.52
Health Net, Los Angeles	24	10.50	5.52
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	16	5.26	0.00
1 to < 10	399	4.18	1.46
10 to < 20	786	13.88	6.46
20 to < 45	3,821	4.19	3.51
45 to < 65	4,783	2.72	2.61
65 to < 75	310	1.62	1.08
75 to < 85	109	3.06	0.00
85+	14	0.00	0.00
Inland Empire Health Plan	, Riverside		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	3	0.00	0.00
1 to < 10	95	7.04	1.76
10 to < 20	211	16.17	4.34
20 to < 45	1,080	9.26	8.65
45 to < 65	1,012	8.23	7.08
65 to < 75	[′] 66	7.53	3.76
75 to < 85	35	14.15	0.00
85+	2	68.97	0.00
Molina Health Care of Cali	-	33.37	0.00
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	1	0.00	0.00
1 to < 10	42	0.00	0.00
10 to < 20	85	28.43	9.80
20 to < 45	348	7.19	8.15
45 to < 65	317	5.51	6.04
65 to < 75	17	0.00	9.57
75 to < 85	5	0.00	0.00
85+	0	0.00	0.00
Inland Empire Health Plan			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	3	24.39	0.00
1 to < 10	101	11.60	5.80
10 to < 20	242	25.09	7.56
20 to < 45	1,551	8.65	7.20
45 to < 65	1,391	9.65	5.75
65 to < 75	118	9.87	4.93
75 to < 85	38	6.56	2.19
85+	5	17.54	0.00
	-	-	

Inpatient Admits* & Emergency Room Visits* for Diabetes Population**

Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (kMM) **Average Member Months (AveMM)

(By Age Group)

Molina Health Care of California, San Bernardino				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	5	0.00	0.00	
1 to < 10	32	7.89	10.53	
10 to < 20	93	17.12	8.11	
20 to < 45	522	7.66	6.06	
45 to < 65	465	6.09	6.09	
65 to < 75	20	4.08	0.00	
75 to < 85	10	8.70	0.00	
85+	0	0.00	0.00	
San Francisco Health Plan, Sa		0.00	0.00	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	0	0.00	0.00	
1 to < 10	10	0.00	0.00	
10 to < 20	32	23.50	7.83	
20 to < 45	273	3.98	1.53	
45 to < 65	374	2.45	2.45	
65 to < 75	85	3.93	0.98	
75 to < 85	34	4.91	0.00	
85+	4	0.00	0.00	
Blue Cross of California, San	•	0.00	0.00	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	0	0.00	0.00	
1 to < 10	0	0.00	0.00	
10 to < 20	23	0.00	3.65	
20 to < 45	127	3.93	1.31	
45 to < 65	243	3.77	2.06	
65 to < 75	31	0.00	0.00	
75 to < 85	12	0.00	0.00	
85+	4	0.00	0.00	
Health Plan of San Joaquin, S	an Joaquin			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	3	29.41	0.00	
1 to < 10	57	8.80	1.47	
10 to < 20	149	11.19	7.83	
20 to < 45	951	4.29	4.73	
45 to < 65	781	6.72	3.09	
65 to < 75	59	7.05	0.00	
75 to < 85	10	0.00	0.00	
85+	0	0.00	0.00	
Blue Cross of California, San	Joaquin			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	1	0.00	0.00	
1 to < 10	24	6.90	0.00	
10 to < 20	58	10.07	10.07	
20 to < 45	380	4.39	3.73	
45 to < 65	217	6.92	2.69	
65 to < 75	9	0.00	0.00	
75 to < 85	2	0.00	0.00	
85+	1	0.00	0.00	

Inpatient Admits* & Emergency Room Visits* for Diabetes Population**

Dates of Service Between January 1, 2003 and December 31, 2003

* per 1,000 Member Months (kMM) **Average Member Months (AveMM)

(By Age Group)

Santa Clara Family Health Plan		no (continuou)	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	2	0.00	0.00
1 to < 10	25	9.84	6.56
10 to < 20	69	20.58	2.42
20 to < 45	580	8.04	10.77
45 to < 65	690	6.40	4.71
65 to < 75	150	3.34	2.79
75 to < 85	77	4.32	3.24
85+	7	0.00	12.50
Blue Cross of California, Santa			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	1	0.00	0.00
1 to < 10	4	0.00	20.41
10 to < 20	16	10.15	10.15
20 to < 45	195	1.71	9.84
45 to < 65	326	2.05	8.19
65 to < 75	30	5.56	0.00
75 to < 85	7	12.05	0.00
85+	1	0.00	0.00
Blue Cross/Stanislaus Local In	itiative, Stanislaus		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	4	0.00	0.00
1 to < 10	35	4.74	4.74
10 to < 20	102	6.55	9.01
20 to < 45	612	8.30	7.35
45 to < 65	598	2.65	5.02
65 to < 75	48	1.74	1.74
75 to < 85	5	0.00	0.00
85+	1	0.00	0.00
Blue Cross of California LI, Tul	are		
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	6	0.00	0.00
1 to < 10	105	2.39	3.98
10 to < 20	290	2.30	2.87
20 to < 45	1,293	3.61	8.19
45 to < 65	996	4.68	5.35
65 to < 75	45	3.71	5.57
75 to < 85	1	0.00	0.00
85+	0	0.00	0.00
Health Net, Tulare			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	3	0.00	0.00
1 to < 10	27	0.00	0.00
10 to < 20	79	0.00	0.00
20 to < 45	258	5.49	1.94
45 to < 65	168	2.48	1.49
65 to < 75	10	0.00	0.00
75 to < 85	2	0.00	0.00
85+	0	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

Blue Cross of Californ		rians (continued)	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	Average will	0.00	0.00
1 to < 10	131	1.91	0.64
10 to < 20	330	6.81	7.82
20 to < 45	2,145	5.91	5.09
45 to < 65	2,143	4.74	4.70
	172	4.74 7.77	
65 to < 75			0.49
75 to < 85	42	1.98	1.98
85+	6	0.00	0.00
Health Net, Fresno Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	Average MM 2	0.00	0.00
1 to < 10	22	3.80	0.00
10 to < 20	38	6.64	0.00
20 to < 45	363	4.82	1.15
		4.43	
45 to < 65	339		0.49
65 to < 75	12	0.00	0.00
75 to < 85	2	0.00	0.00
85+	0	0.00	0.00
	County Organized	Health System Plans	
Santa Barbara Haalth	Initiative, Santa Barbara	•	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	Average will	0.00	0.00
1 to < 10	22	11.49	0.00
10 to < 20	83	4.02	23.09
20 to < 45	771	6.70	12.43
45 to < 65	1,443	4.50	6.99
65 to < 75	742	2.70	3.37
75 to < 85	515	2.70	2.27
85+	132	3.79	4.42
		3.79	4.42
Health Plan of San Ma Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	Average Min	0.00	0.00
1 to < 10	19	8.81	17.62
10 < 10 10 to < 20	43	11.70	9.75
	492		
20 to < 45 45 to < 65	1,240	7.29 4.03	15.25 11.49
65 to < 75		1.53	
	1,576		9.47
75 to < 85	1,155	1.51	5.92
85+	322	2.07	3.89
Age Range in Years	an of California, Solano Average MM	IP Admits/kMM	ER Visits/kMM
0 to < 1	Average Min	0.00	0.00
1 to < 10	35	4.74	4.74
10 < 10 10 to < 20	54	26.15	7.69
20 to < 45			7.69 7.57
20 to < 45 45 to < 65	561	12.18 10.79	
	989		5.90
65 to < 75	780	2.46	2.57
75 to < 85	572	2.77	1.89
85+	113	0.00	2.21

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Age Group)

County Organized Health System Plans (continued)

Partnership Health Plan of California, Napa				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	O	0.00	0.00	
1 to < 10	10	8.77	26.32	
10 to < 20	13	6.49	25.97	
20 to < 45	100	13.32	25.81	
			19.76	
45 to < 65	198	10.09		
65 to < 75	159	3.68	5.25	
75 to < 85	97	5.16	5.16	
85+	41	0.00	2.03	
Partnership Health Plan of		ID A docide (IANANA	ED \ /:-:4- (I-NANA	
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	1	0.00	0.00	
1 to < 10	16	0.00	5.32	
10 to < 20	33	5.10	0.00	
20 to < 45	364	6.18	14.87	
45 to < 65	747	4.13	9.14	
65 to < 75	424	3.34	12.96	
75 to < 85	261	0.96	17.54	
85+	44	0.00	9.43	
CalOPTIMA, Orange				
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	42	7.94	1.98	
1 to < 10	254	7.21	1.97	
10 to < 20	386	11.01	6.69	
20 to < 45	2,517	13.11	7.65	
45 to < 65	5,461	10.09	4.58	
65 to < 75	4,939	2.29	1.03	
75 to < 85	3,118	1.92	1.12	
85+	756	1.87	1.10	
Central Coast Alliance for	Health, Santa Cruz			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	3	0.00	0.00	
1 to < 10	25	3.37	0.00	
10 to < 20	45	16.57	9.21	
20 to < 45	343	13.38	11.19	
45 to < 65	692	13.37	8.19	
65 to < 75	402	9.12	1.87	
75 to < 85	250	5.67	2.67	
85+	74	7.94	1.13	
Central Coast Alliance for	Health, Monterey			
Age Range in Years	Average MM	IP Admits/kMM	ER Visits/kMM	
0 to < 1	10	8.62	0.00	
1 to < 10	97	0.00	0.86	
10 to < 20	147	13.57	9.61	
20 to < 45	888	9.10	13.04	
45 to < 65	1,604	11.22	7.53	
65 to < 75	998	5.01	2.34	
75 to < 85	558	7.02	1.94	
85+	115	3.63	1.45	
		0.00	0	

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

Overall Totals

	O TOTALL TOTALO		
All Medi-Cal			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	101,651	8.14	5.58
Youth Related	1,829	15.08	7.38
Aged, Blind, Disabled	298,922	7.99	4.30
Other Aid Codes	1,069	9.28	5.93
Medi-Cal Fee-For-Service Prograr	n		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	34,829	13.34	6.86
Youth Related	895	20.12	9.32
Aged, Blind, Disabled	252,390	7.91	4.04
Other Aid Codes	989	8.26	2.28
Medi-Cal Managed Care (selected	plans)		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	66,576	5.14	4.84
Youth Related	929	9.33	5.38
Aged, Blind, Disabled	45,680	6.92	5.50
Other Aid Codes	80	21.92	51.15
Geographic Managed Care			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	6,418	6.13	6.16
Youth Related	81	10.32	5.16
Aged, Blind, Disabled	3,191	9.77	7.37
Other Aid Codes	0	0.00	0.00
Two Plan Model			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	52,330	4.59	4.27
Youth Related	704	8.88	4.85
Aged, Blind, Disabled	12,641	9.01	6.19
Other Aid Codes	6	0.00	12.99
County Organized Health System	s		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	7,829	8.05	7.56
Youth Related	144	10.97	8.08
Aged, Blind, Disabled	29,849	5.73	5.00
Other Aid Codes	73	23.92	54.67
All Other Plan Codes			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	246	7.46	10.51
Youth Related	6	0.00	14.93
Aged, Blind, Disabled	852	8.31	9.68
Other Aid Codes	0	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

Geographic Managed Care Plans

Sharp Health Plan, San Diego	rapino managoa oai		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,033	6.86	7.66
Youth Related	20	8.16	0.00
Aged, Blind, Disabled	294	15.89	13.90
Other Aid Codes	0	0.00	0.00
Universal Care, San Diego			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	219	9.12	10.64
Youth Related	4	0.00	0.00
Aged, Blind, Disabled	76	13.14	5.48
Other Aid Codes	0	0.00	0.00
Community Health Group, San Diego			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,353	5.30	3.63
Youth Related	15	11.49	5.75
Aged, Blind, Disabled	735	8.73	3.40
Other Aid Codes	0	0.00	0.00
Blue Cross of California, San Diego			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	433	4.62	2.89
Youth Related	8	21.98	0.00
Aged, Blind, Disabled	85	5.87	0.98
Other Aid Codes	0	0.00	0.00
University of Cal-San Diego Health Pl	an		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	297	9.54	6.17
Youth Related	4	0.00	0.00
Aged, Blind, Disabled	90	9.28	0.93
Other Aid Codes	0	0.00	0.00
Health Net, San Diego			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	130	8.97	1.28
Youth Related	4	0.00	0.00
Aged, Blind, Disabled	24	17.54	7.02
Other Aid Codes	0	0.00	0.00
Kaiser Foundation Health Plan, San D)iego		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	121	15.19	2.07
Youth Related	3	29.41	0.00
Aged, Blind, Disabled	207	11.27	1.21
Other Aid Codes	0	0.00	0.00
Molina Health Care of California, Saci	ramento		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	294	5.38	6.51
Youth Related	3	66.67	0.00
Aged, Blind, Disabled	137	7.89	7.29
Other Aid Codes	0	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

Geographic Managed Care (continued)

Western Health Adventers Secrement	-	,	
Western Health Advantage, Sacrament		ID A dissite (IAMA)	ED \ /:-:t-//-NANA
Aid Code Category	Average MM	IP Admits/kMM 8.52	ER Visits/kMM
Family Youth Bolated	274 4	***-	6.08 22.73
Youth Related	260	0.00	
Aged, Blind, Disabled		11.53	1.60
Other Aid Codes	0	0.00	0.00
Health Net, Sacramento	A	ID A dissite (IAMA	ED \ /:-:4- /I-BABA
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family Youth Related	399 4	4.80 0.00	1.46 21.74
	4 147		
Aged, Blind, Disabled	0	5.67	0.57
Other Aid Codes	U	0.00	0.00
Kaiser, Sacramento	Avenage MANA	ID A dissibe //cNANA	
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM 13.51
Family	290	11.50	
Youth Related	2	41.67	83.33
Aged, Blind, Disabled	436	10.52	12.24
Other Aid Codes	0	0.00	0.00
Blue Cross of California, Sacramento			== \
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,574	3.87	8.10
Youth Related	12	0.00	0.00
Aged, Blind, Disabled	700	7.86	12.98
Other Aid Codes	0	0.00	0.00
-	Dlan Madal Dlan	_	
	WO PIAN WOODEL PIAN	18	
	wo Plan Model Plar	1S	
Alameda Alliance for Health, Alameda			ED Visits/kMM
Alameda Alliance for Health, Alameda Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Alameda Alliance for Health, Alameda Aid Code Category Family	Average MM 1,253	IP Admits/kMM 4.72	7.98
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related	Average MM 1,253 7	IP Admits/kMM 4.72 12.05	7.98 0.00
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled	Average MM 1,253 7 763	IP Admits/kMM 4.72 12.05 7.97	7.98 0.00 9.50
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	Average MM 1,253 7	IP Admits/kMM 4.72 12.05	7.98 0.00
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda	Average MM 1,253 7 763 0	IP Admits/kMM 4.72 12.05 7.97 0.00	7.98 0.00 9.50 0.00
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category	Average MM 1,253 7 763 0 Average MM	IP Admits/kMM 4.72 12.05 7.97 0.00	7.98 0.00 9.50 0.00 ER Visits/kMM
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family	Average MM 1,253 7 763 0 Average MM 482	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related	Average MM 1,253 7 763 0 Average MM 482 7	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43 0.00	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled	Average MM 1,253 7 763 0 Average MM 482 7 189	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43 0.00 13.69	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	Average MM 1,253 7 763 0 Average MM 482 7 189 0	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43 0.00	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost	Average MM 1,253 7 763 0 Average MM 482 7 189 0	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43 0.00 13.69 0.00	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category	Average MM	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43 0.00 13.69 0.00 IP Admits/kMM	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family	Average MM	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43 0.00 13.69 0.00 IP Admits/kMM 5.83	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00 ER Visits/kMM 9.49
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related	Average MM	IP Admits/kMM	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00 ER Visits/kMM 9.49 18.69
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled	Average MM 1,253 7 763 0 Average MM 482 7 189 0 Average MM 843 9 595	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43 0.00 13.69 0.00 IP Admits/kMM 5.83 37.38 10.50	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00 ER Visits/kMM 9.49 18.69 9.38
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes	Average MM 1,253 7 763 0 Average MM 482 7 189 0 Average MM 843 9 595 0	IP Admits/kMM	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00 ER Visits/kMM 9.49 18.69
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa	Average MM 1,253 7 763 0 Average MM 482 7 189 0 Average MM 843 9 595 0	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43 0.00 13.69 0.00 IP Admits/kMM 5.83 37.38 10.50 0.00	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00 ER Visits/kMM 9.49 18.69 9.38 0.00
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category	Average MM 1,253 7 763 0 Average MM 482 7 189 0 Average MM 843 9 595 0 Average MM	IP Admits/kMM 4.72 12.05 7.97 0.00 IP Admits/kMM 7.43 0.00 13.69 0.00 IP Admits/kMM 5.83 37.38 10.50 0.00 IP Admits/kMM	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00 ER Visits/kMM 9.49 18.69 9.38 0.00
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family	Average MM 1,253 7 763 0 Average MM 482 7 189 0 Average MM 843 9 595 0 Average MM 116	IP Admits/kMM	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00 ER Visits/kMM 9.49 18.69 9.38 0.00 ER Visits/kMM
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family Youth Related	Average MM 1,253 7 763 0 Average MM 482 7 189 0	IP Admits/kMM	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00 ER Visits/kMM 9.49 18.69 9.38 0.00 ER Visits/kMM
Alameda Alliance for Health, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Alameda Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Contra Costa Health Plan, Contra Cost Aid Code Category Family Youth Related Aged, Blind, Disabled Other Aid Codes Blue Cross of California, Contra Costa Aid Code Category Family	Average MM 1,253 7 763 0 Average MM 482 7 189 0 Average MM 843 9 595 0 Average MM 116	IP Admits/kMM	7.98 0.00 9.50 0.00 ER Visits/kMM 7.60 12.82 5.30 0.00 ER Visits/kMM 9.49 18.69 9.38 0.00 ER Visits/kMM

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

	i wo Pian Model (Contin	iuea)	
Kern Family Health Care, Kern			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,094	4.78	3.30
Youth Related	31	24.00	16.00
Aged, Blind, Disabled	388	13.95	8.15
Other Aid Codes	0	0.00	0.00
Blue Cross of California, Kern			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,378	4.60	2.84
Youth Related	13	0.00	0.00
Aged, Blind, Disabled	511	13.37	7.18
Other Aid Codes	0	0.00	0.00
LA CARE Health Plan, Los Angel			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	18,950	3.55	3.55
Youth Related	283	2.06	2.65
Aged, Blind, Disabled	3,122	7.93	5.58
Other Aid Codes	4	0.00	23.81
Health Net, Los Angeles	•	0.00	20.01
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	8,454	4.02	3.04
Youth Related	146	9.14	6.28
Aged, Blind, Disabled	1,637	5.65	3.36
Other Aid Codes	1,007	0.00	0.00
Inland Empire Health Plan, Rivers		0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,932	8.67	7.25
Youth Related	24	3.44	6.87
Aged, Blind, Disabled	548	13.08	6.69
Other Aid Codes	1	0.00	0.00
Molina Health Care of California,		0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	705	5.79	6.03
Youth Related	14	40.46	0.00
Aged, Blind, Disabled	96	20.74	15.56
Other Aid Codes	0	0.00	0.00
Inland Empire Health Plan, San E		0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,681	9.88	6.06
Youth Related	29	14.62	5.85
Aged, Blind, Disabled	739	13.09	7.90
Other Aid Codes	0	0.00	0.00
Molina Health Care of California,	•	0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	961	7.28	5.98
Youth Related	10	16.13	8.06
Aged, Blind, Disabled	176	11.39	7.12
Other Aid Codes	0	0.00	0.00
Other Ald Codes	U	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

·	wo Plan Woder (Contin	iuea)	
San Francisco Health Plan, San Fra	ncisco		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	487	2.22	1.20
Youth Related	8	51.55	10.31
Aged, Blind, Disabled	316	5.80	3.16
Other Aid Codes	0	0.00	0.00
Blue Cross of California, San Franc	isco		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	288	2.60	2.32
Youth Related	4	0.00	0.00
Aged, Blind, Disabled	149	4.47	0.56
Other Aid Codes	0	0.00	0.00
Health Plan of San Joaquin, San Jo	aguin		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,476	4.91	4.35
Youth Related	18	9.26	4.63
Aged, Blind, Disabled	517	10.32	3.23
Other Aid Codes	0	0.00	0.00
Blue Cross of California, San Joaqu		0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	570	4.24	4.24
Youth Related	8	50.00	0.00
Aged, Blind, Disabled	114	10.26	1.47
Other Aid Codes	0	0.00	0.00
Santa Clara Family Health Plan, Sar		0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,102	6.43	5.67
Youth Related	12	27.78	6.94
Aged, Blind, Disabled	486	9.78	8.75
Other Aid Codes	0	0.00	0.00
Blue Cross of California, Santa Clar		0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	432	1.16	8.10
Youth Related	1	181.82	0.00
Aged, Blind, Disabled	146	5.12	9.11
Other Aid Codes	0	0.00	0.00
Blue Cross/Stanislaus Local Initiati		0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	973	4.71	6.25
Youth Related	11	7.69	15.38
Aged, Blind, Disabled	421	7.33	5.74
Other Aid Codes	0	0.00	0.00
Blue Cross of California LI, Tulare	ŭ	0.00	0.00
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	2,332	3.54	5.97
Youth Related	29	0.00	2.84
Aged, Blind, Disabled	375	7.56	9.11
Other Aid Codes	0	0.00	0.00
Carol Alia Codes	O	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM)

(By Aid Code Range)

Health Net, Tulare		,	
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	496	2.69	1.18
Youth Related	6	0.00	0.00
Aged, Blind, Disabled	44	11.45	3.82
Other Aid Codes	1	0.00	0.00
Blue Cross of California, Fresno			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	3,660	4.39	4.17
Youth Related	30	5.59	2.79
Aged, Blind, Disabled	1,179	8.77	6.72
Other Aid Codes	0	0.00	0.00
Health Net, Fresno			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	667	4.25	0.87
Youth Related	2	38.46	0.00
Aged, Blind, Disabled	108	6.20	0.00
Other Aid Codes	0	0.00	0.00
County	Organized Health Sys	stom Plans	
Santa Barbara Health Initiative, Sant	-		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	887	2.73	7.14
Youth Related	12	13.51	6.76
Aged, Blind, Disabled	2,800	4.88	6.91
Other Aid Codes	12	28.57	7.14
Health Plan of San Mateo, San Mateo	· -	_0.0.	
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	459	5.99	11.07
Youth Related	5	0.00	16.39
Aged, Blind, Disabled	4,371	2.61	9.21
Other Aid Codes	['] 12	0.00	7.19
Partnership Health Plan of California	a, Solano		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	535	10.13	4.99
Youth Related	7	24.39	12.20
Aged, Blind, Disabled	2,565	6.60	4.39
Other Aid Codes	1	100.00	0.00
Partnership Health Plan of California	a, Napa		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	107	10.10	20.20
Youth Related	1	0.00	0.00
Aged, Blind, Disabled	509	6.87	12.44
Other Aid Codes	0	0.00	0.00
Partnership Health Plan of California	a, Yolo		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	469	4.09	8.35
Youth Related	5	17.24	17.24
Aged, Blind, Disabled	1,411	3.66	13.35
Other Aid Codes	5	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Aid Code Range)

County Organized Health Systems (continued)

CalOPTIMA, Orange			
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	3,488	9.68	5.81
Youth Related	82	8.13	7.11
Aged, Blind, Disabled	13,870	5.67	2.33
Other Aid Codes	33	17.63	113.35
Central Coast Alliance for Health,	Santa Cruz		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	498	10.04	10.38
Youth Related	9	38.46	28.85
Aged, Blind, Disabled	1,322	11.34	4.54
Other Aid Codes	4	39.22	0.00
Central Coast Alliance for Health,	Monterey		
Aid Code Category	Average MM	IP Admits/kMM	ER Visits/kMM
Family	1,386	7.70	9.80
Youth Related	24	6.94	0.00
Aged, Blind, Disabled	3,001	8.94	5.03
Other Aid Codes	7	89.74	12.82

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Overall Totals

	Overall Totals		
All Medi-Cal	A	ID A deside (LAAA)	ED \ /:-:4- //.NANA
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	116,926	7.47 8.72	5.26 4.76
Hispanic Black	123,357 42,269	11.78	7.26
Asian & Pacific Islander	·	5.26	2.10
Native American/Alaskan	71,856	10.45	10.63
Other	2,265 13,606	5.37	2.79
		9.83	4.55
Missing/Invalid Medi-Cal Fee-For-Service Progra	33,193 m	9.03	4.55
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	92,056	7.53	5.01
Hispanic	72,744	11.13	4.68
Black	30,661	12.98	6.71
Asian & Pacific Islander	52,964	5.83	1.92
Native American/Alaskan	1,834	10.81	11.09
Other	11,248	5.67	2.62
Missing/Invalid	27,596	7.12	3.96
Medi-Cal Managed Care (selected		7.12	3.30
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	24.397	7.29	6.08
Hispanic	50,377	5.28	4.86
Black	11,510	8.59	8.67
Asian & Pacific Islander	18,739	3.64	2.58
Native American/Alaskan	395	9.06	8.64
Other	2,330	3.83	3.54
Missing/Invalid	5,517	6.39	5.23
Geographic Managed Care	0,0	0.00	0.20
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	2,995	7.04	6.18
Hispanic	2,989	7.14	6.05
Black	1,563	8.80	11.25
Asian & Pacific Islander	1,525	5.14	4.54
Native American/Alaskan	61	2.72	8.15
Other	108	9.25	3.08
Missing/Invalid	448	11.52	3.35
Two Plan Model			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	10,991	7.23	5.67
Hispanic	36,575	4.29	4.07
Black	8,032	8.45	7.64
Asian & Pacific Islander	7,478	3.42	2.26
Native American/Alaskan	222	12.37	9.00
Other	631	5.68	4.75
Missing/Invalid	1,751	8.71	6.09
County Organized Health System			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	10,411	7.43	6.49
Hispanic	10,813	8.10	7.23
Black	1,914	9.05	10.93
Asian & Pacific Islander	9,736	3.58	2.52
Native American/Alaskan	112	5.97	8.20
Other	1,591	2.72	3.09
Missing/Invalid	3,318	4.47	5.02

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Overall Totals (continued)

All Other Plan Codes			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	474	8.45	11.97
Hispanic	236	6.01	7.43
Black	99	10.93	12.62
Asian & Pacific Islander	152	6.58	5.49
Native American/Alaskan	35	7.09	9.46
Other	27	12.31	9.23
Missing/Invalid	81	10.33	10.33
Geogr	aphic Managed Ca	are Plans	
Sharp Health Plan, San Diego			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	366	7.75	8.66
Hispanic	592	9.71	9.14
Black	172	10.15	15.47
Asian & Pacific Islander	165	7.58	4.04
Native American/Alaskan	4	22.73	22.73
Other	6	14.49	0.00
Missing/Invalid	42	5.93	0.00
Universal Care, San Diego			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	83	7.07	10.10
Hispanic	123	8.13	8.81
Black	56	11.87	14.84
Asian & Pacific Islander	22	14.98	0.00
Native American/Alaskan	2	0.00	0.00
Other	1	0.00	0.00
Missing/Invalid	13	13.33	0.00
Community Health Group, San Dieg	0		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	390	6.84	3.42
Hispanic	1,036	6.43	3.46
Black	215	5.03	6.97
Asian & Pacific Islander	312	4.28	2.41
Native American/Alaskan	9	0.00	0.00
Other	31	8.00	2.67
Missing/Invalid	109	11.44	2.29
Blue Cross of California, San Diego			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	222	3.01	1.50
Hispanic	167	8.48	3.99
Black	74	4.51	0.00
Asian & Pacific Islander	53	3.16	6.33
Native American/Alaskan	0	0.00	0.00
Other	0	0.00	0.00
Missing/Invalid	11	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Geographic Managed Care Plans (continued)

University of Cal-San Diego Hea	ilth Plan	ano (commuca)	
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	85	12.78	3.93
Hispanic	170	5.88	3.92
Black	80	10.41	11.45
Asian & Pacific Islander	37	9.03	0.00
Native American/Alaskan	1	0.00	0.00
Other	1	0.00	0.00
Missing/Invalid	17	19.80	0.00
Health Net, San Diego			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	44	13.26	0.00
Hispanic	68	3.67	1.22
Black	25	16.78	3.36
Asian & Pacific Islander	16	16.04	0.00
Native American/Alaskan	0	0.00	0.00
Other	1	0.00	0.00
Missing/Invalid	4	44.44	44.44
Kaiser Foundation Health Plan,	San Diego		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	137	14.02	1.22
Hispanic	69	13.29	1.21
Black	46	9.04	5.42
Asian & Pacific Islander	39	17.24	0.00
Native American/Alaskan	2	0.00	0.00
Other	9	9.52	0.00
Missing/Invalid	30	8.47	0.00
Molina Health Care of California			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	111	7.49	4.49
Hispanic	99	8.41	13.46
Black	89	3.75	5.62
Asian & Pacific Islander	107	3.10	5.43
Native American/Alaskan	7	12.35	0.00
Other	3	25.00	0.00
Missing/Invalid	17	9.71	0.00
Western Health Advantage, Sac		IP Admits/kMM	ER Visits/kMM
Ethnic Group White	Average MM 191	11.37	5.25
Hispanic	93	8.05	5.37
Black	134	8.71	3.73
Asian & Pacific Islander	72	6.98	0.00
Native American/Alaskan	2	0.00	0.00
Other	8	10.64	0.00
Missing/Invalid	39	17.24	4.31
Health Net, Sacramento	00	17.27	7.51
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	112	5.93	2.23
Hispanic	117	3.57	2.85
Black	96	8.71	0.87
Asian & Pacific Islander	188	2.67	0.44
Native American/Alaskan	1	0.00	0.00
Other	16	10.53	0.00
Missing/Invalid	21	7.87	0.00
•			

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Geographic Managed Care Plans (continued)

Geographi	c Managed Care Pla	ins (continuea)	
Kaiser, Sacramento			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	282	10.95	13.31
Hispanic	100	5.83	5.83
Black	175	14.79	22.42
Asian & Pacific Islander	96	6.94	6.94
Native American/Alaskan	10	0.00	25.42
Other	11	7.94	0.00
Missing/Invalid	55	16.67	4.55
Blue Cross of California, Sacrame	ento		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	974	4.11	7.02
Hispanic	354	4.95	10.60
Black	401	8.31	15.79
Asian & Pacific Islander	420	3.57	9.13
Native American/Alaskan	24	0.00	7.04
Other	22	7.66	11.49
Missing/Invalid	92	9.10	7.28
wildering/invalid	02	0.10	7.20
	Two Plan Model Pla	ans	
Alameda Alliance for Health, Alam	neda		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	293	7.10	7.39
Hispanic	375	4.88	6.88
Black	624	8.69	14.97
Asian & Pacific Islander	609	3.28	3.42
Native American/Alaskan	9	9.80	9.80
Other	27	6.10	9.15
Missing/Invalid	86	5.85	6.82
Blue Cross of California, Alameda		0.00	0.02
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	171	8.78	8.30
Hispanic	105	4.76	2.38
Black	252	12.57	9.92
Asian & Pacific Islander	128	3.92	3.92
Native American/Alaskan	1	111.11	0.00
Other	1	0.00	0.00
Missing/Invalid	20	12.30	4.10
Contra Costa Health Plan, Contra		12.50	4.10
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	432	10.04	11.00
Hispanic	366	5.01	8.20
Black			
	339	11.81	13.77
Asian & Pacific Islander	216	3.47	2.70
Native American/Alaskan	4	0.00	0.00
Other	12	6.94	13.89
Missing/Invalid	78	6.38	7.45

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Blue Cross of California, Contra Cost	a	no (continuou)	
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	40	16.74	12.55
Hispanic	34	12.22	17.11
Black	44	9.38	5.63
Asian & Pacific Islander	18	0.00	4.69
Native American/Alaskan	0	0.00	0.00
Other	0	0.00	0.00
Missing/Invalid	6	12.99	38.96
Kern Family Health Care, Kern			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	416	14.42	7.01
Hispanic	1,720	3.78	2.86
Black	168	13.39	11.41
Asian & Pacific Islander	148	1.69	2.25 16.57
Native American/Alaskan	15	22.10	
Other Missing/Invalid	7	37.50	0.00 6.38
Missing/Invalid	39	10.64	0.38
Blue Cross of California, Kern Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	582	7.16	5.87
Hispanic	922	4.88	3.07
Black	190	11.83	3.94
Asian & Pacific Islander	112	5.96	2.98
Native American/Alaskan	20	33.33	8.33
Other	13	6.37	6.37
Missing/Invalid	62	12.06	0.00
LA CARE Health Plan, Los Angeles	02	12.00	0.00
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	3,250	3.41	2.77
Hispanic	13,524	3.64	3.63
Black	2,895	6.56	6.45
Asian & Pacific Islander	1,937	3.44	1.64
Native American/Alaskan	40	0.00	12.63
Other	249	4.36	4.02
Missing/Invalid	464	6.83	8.80
Health Net, Los Angeles			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,009	5.20	4.63
Hispanic	6,611	3.34	2.97
Black	1,264	8.44	3.69
Asian & Pacific Islander	996	2.17	1.84
Native American/Alaskan	24	13.89	20.83
Other	86	1.93	0.97
Missing/Invalid	247	8.10	2.02
Inland Empire Health Plan, Riverside	A	ID A deside (IAAA)	ED Visita II MANA
Ethnic Group White	Average MM 643	IP Admits/kMM 11.40	ER Visits/kMM
Hispanic			8.29
·	1,372	6.93	6.20
Black Asian & Pacific Islander	258 128	12.59 11.10	11.62 1.96
Native American/Alaskan	120	57.14	14.29
Other	21	3.89	19.46
Missing/Invalid	77	20.59	3.25
wiissirig/irivaliu	11	20.59	3.23

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Molina Health Care of Californ	ia, Riverside	ontinada,	
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	170	11.27	6.37
Hispanic	531	3.92	5.65
Black	57	23.39	14.62
Asian & Pacific Islander	35	12.05	16.87
Native American/Alaskan	2	0.00	0.00
Other	3	55.56	27.78
Missing/Invalid	19	44.25	8.85
Inland Empire Health Plan, Sa			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	786	13.05	7.21
Hispanic	1,818	9.03	6.00
Black	477	10.67	8.04
Asian & Pacific Islander	224	9.30	4.09
Native American/Alaskan	13	12.74	0.00
Other	24	14.08	3.52
Missing/Invalid	108	13.17	7.75
Molina Health Care of Californ			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	180	7.86	8.32
Hispanic	705	7.10	5.56
Black	155	8.63	9.70
Asian & Pacific Islander	68	9.86	0.00
Native American/Alaskan	1	0.00	0.00
Other	3	27.03	0.00
Missing/Invalid	_ . 36	9.30	4.65
San Francisco Health Plan, Sa		15.41.77.71.44.4	ED 1/2 1/2 # 1414
Ethnic Group White	Average MM	IP Admits/kMM	ER Visits/kMM
	84 154	7.91 3.25	7.91
Hispanic			0.00
Black Asian & Pacific Islander	194 312	8.18	3.45
Native American/Alaskan	4	0.80 0.00	0.80 0.00
	21	0.00	0.00
Other	43		
Missing/Invalid Blue Cross of California, San	_	5.84	1.95
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	88	3.78	0.95
Hispanic	73	4.58	4.58
Black	56	8.93	2.98
Asian & Pacific Islander	190	1.31	0.44
Native American/Alaskan	190	0.00	0.00
Other	16	0.00	0.00
Missing/Invalid	16	0.00	5.10
Health Plan of San Joaquin, S		0.00	5.10
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	397	10.28	7.55
Hispanic	672	6.21	3.97
Black	244	4.10	4.78
Asian & Pacific Islander	583	3.15	1.57
Native American/Alaskan	15	11.49	5.75
Other	30	8.24	0.00
Missing/Invalid	70	8.32	4.76
onig/invalid	70	0.02	4.70

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Blue Cross of California, San Joaqui	n	(commuta)	
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	176	10.89	4.73
Hispanic	260	3.52	2.56
Black	140	5.95	7.14
Asian & Pacific Islander	96	2.60	0.87
Native American/Alaskan	3	0.00	0.00
Other	2	0.00	0.00
Missing/Invalid	14	0.00	0.00
Santa Clara Family Health Plan, Sant			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	268	11.20	5.60
Hispanic	708	7.77	9.18
Black	90	2.77	3.70
Asian & Pacific Islander	431	4.25	2.90
Native American/Alaskan	14	17.44	11.63
Other	22	11.58	15.44
Missing/Invalid	66	7.53	7.53
Blue Cross of California, Santa Clara		IP Admits/kMM	ER Visits/kMM
Ethnic Group White	Average MM 86	1.94	6.78
Hispanic	185	3.61	12.64
Black	12	0.00	27.21
Asian & Pacific Islander	256	1.30	4.89
Native American/Alaskan	3	0.00	27.03
Other		0.00	0.00
Missing/Invalid	, 31	8.13	8.13
Blue Cross/Stanislaus Local Initiative	_	0.13	0.13
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	515	8.90	6.79
Hispanic	593	3.51	5.34
Black	68	7.40	13.56
Asian & Pacific Islander	147	1.70	3.41
Native American/Alaskan	10	0.00	0.00
Other	11	0.00	0.00
Missing/Invalid	61	4.10	9.56
Blue Cross of California LI, Tulare			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	543	6.13	6.90
Hispanic	1,934	2.97	6.38
Black	49	3.44	6.87
Asian & Pacific Islander	138	6.05	3.03
Native American/Alaskan	4	0.00	0.00
Other	9	0.00	0.00
Missing/Invalid	59	7.04	9.86
Health Net, Tulare			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	94	10.64	2.66
Hispanic	410	1.42	1.02
Black	16	0.00	5.10
Asian & Pacific Islander	12	0.00	0.00
Native American/Alaskan	2	38.46	0.00
Other	2	68.97	0.00
Missing/Invalid	9	0.00	0.00

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

Two Plan Model Plans (continued)			
Blue Cross of California, Fresno	1		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	669	5.61	8.59
Hispanic	2,934	4.77	3.58
Black	398	11.95	11.11
Asian & Pacific Islander	656	2.80	2.29
Native American/Alaskan	24	7.09	3.55
Other	61	6.78	8.14
Missing/Invalid	128	9.14	3.92
Health Net, Fresno			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	98	5.94	0.00
Hispanic	570	4.38	1.02
Black	44	1.88	0.00
Asian & Pacific Islander	41	8.15	0.00
Native American/Alaskan	8	10.10	0.00
Other	4	0.00	0.00
Missing/Invalid	11	0.00	0.00
Count	Ouwaninad Haalth C	vetem Dlene	
	y Organized Health S	ystem Plans	
Santa Barbara Health Initiative,	Santa Barbara Average MM	ID Admita/kMM	ED \/ioito/kMM
Ethnic Group White	1,250	IP Admits/kMM 4.27	ER Visits/kMM 6.80
Hispanic	1,534	3.15	7.01
Black	1,334	6.37	11.26
Asian & Pacific Islander	326	8.18	6.64
Native American/Alaskan	19	8.62	4.31
Other	71	5.86	5.86
Missing/Invalid	339	5.65	5.90
Health Plan of San Mateo, San N		3.00	5.90
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	1,118	2.53	9.69
Hispanic	883	3.78	14.82
Black	406	4.31	15.61
Asian & Pacific Islander	1,683	2.92	5.69
Native American/Alaskan	10	0.00	8.77
Other	308	1.08	8.38
Missing/Invalid	439	2.28	6.83
Partnership Health Plan of Califo			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	828	8.36	4.43
Hispanic	396	8.00	4.42
Black	688	11.02	9.32
Asian & Pacific Islander	790	4.33	0.95
Native American/Alaskan	15	0.00	5.41
Other	132	1.89	0.63
Missing/Invalid	258	5.50	4.85
5			- -

* per 1,000 Member Months (kMM) **Average Member Months (AveMM) (By Ethnicity)

County Organized Health System Plans (continued)

Partnership Health Plan of California, Napa			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	299	7.81	16.17
Hispanic	171	8.27	11.19
Black	11	15.75	7.87
Asian & Pacific Islander	48	8.73	6.98
Native American/Alaskan	1	0.00	0.00
Other	13	0.00	6.54
Missing/Invalid	75	3.34	16.69
Partnership Health Plan of Califor		J.J .	10.03
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	790	4.01	10.55
Hispanic	511	4.40	12.72
Black	65	2.57	19.26
Asian & Pacific Islander	263	4.44	10.14
Native American/Alaskan	20	8.40	12.61
Other	34	2.49	12.44
Missing/Invalid	208	1.60	16.42
CalOPTIMA, Orange			
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	4,515	8.10	4.61
Hispanic	4,297	10.67	5.06
Black	360	12.03	9.02
Asian & Pacific Islander	5,913	3.03	1.09
Native American/Alaskan	33	7.67	0.00
Other	869	2.78	1.15
Missing/Invalid	1,487	4.20	2.41
Central Coast Alliance for Health,	· · · · · · · · · · · · · · · · · · ·		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	625	13.06	6.13
Hispanic	836	10.97	6.88
Black	28	8.88	8.88
Asian & Pacific Islander	129	5.16	7.09
Native American/Alaskan	7	12.66	37.97
Other	56	10.36	0.00
Missing/Invalid	152	9.88	2.74
Central Coast Alliance for Health,	Monterey		
Ethnic Group	Average MM	IP Admits/kMM	ER Visits/kMM
White	986	12.17	6.85
Hispanic	2,186	8.05	7.63
Black	186	10.74	7.61
Asian & Pacific Islander	584	6.27	2.85
Native American/Alaskan	8	0.00	22.22
Other	108	2.32	3.10
Missing/Invalid	360	6.01	4.86

•	Well Care	Primary Care	All Outpatient
Medi-Cal Program Rate	38.34	200.01	240.62
Medi-Cal Fee for Service Program	31.55	178.54	215.97
Medi-Cal Managed Care (selected plans)	45.36	220.75	264.51
Geographic Managed Care Rate	52.53	224.84	275.64
Sharp Health Plan, San Diego	69.56	282.04	347.64
Universal Care, San Diego	63.73	215.21	275.58
Community Health Group, San Diego	50.51	233.32	281.85
Blue Cross of California, San Diego	61.61	294.81	353.72
University of Cal-San Diego Health Plan	59.62	219.33	279.20
Health Net, San Diego	35.30	149.00	183.13
Kaiser Foundation Health Plan, San Diego	36.91	335.32	373.76
Molina Health Care of California, Sacramento	38.80	122.31	160.71
Western Health Advantage, Sacramento	39.70	165.63	205.37
Health Net, Sacramento	65.23	132.20	195.73
Kaiser, Sacramento	26.26	285.90	311.88
Blue Cross of California, Sacramento	50.07	224.87	273.45
Two Plan Model Rate	42.88	217.52	257.61
Alameda Alliance for Health, Alameda	79.47	262.51	336.44
Blue Cross of California, Alameda	50.53	208.30	252.76
Contra Costa Health Plan, Contra Costa	77.81	397.44	471.36
Blue Cross of California, Contra Costa	48.16	178.66	225.33
Kern Family Health Care, Kern	48.08	308.39	355.53
Blue Cross of California, Kern	49.96	322.52	371.42
LA CARE Health Plan, Los Angeles	34.85	195.55	226.54
Health Net, Los Angeles	44.15	155.99	197.41
Inland Empire Health Plan, Riverside	19.84	164.33	184.14
Molina Health Care of California, Riverside	55.17	163.90	218.58
Inland Empire Health Plan, San Bernardino	21.57	177.93	198.75
Molina Health Care of California, San Bernardino	52.53	153.96	205.74
San Francisco Health Plan, San Francisco	56.22	264.36	318.47
Blue Cross of California, San Francisco Health Plan of San Joaquin, San Joaquin	53.45 50.36	282.38 203.18	333.64 252.41
Blue Cross of California, San Joaquin	48.20	259.40	307.50
Santa Clara Family Health Plan, Santa Clara	61.32	221.87	281.21
Blue Cross of California, Santa Clara	50.07	167.53	216.37
Blue Cross/Stanislaus Local Initiative, Stanislaus	43.83	309.08	347.70
Blue Cross of California LI, Tulare	48.25	569.68	613.50
Health Net, Tulare	35.85	336.38	368.16
Blue Cross of California, Fresno	59.41	354.38	412.06
Health Net, Fresno	46.03	207.17	251.83
County Organized Health Systems Rate	51.80	232.38	287.90
Santa Barbara Health Initiative, Santa Barbara	62.90	270.84	334.01
Health Plan of San Mateo, San Mateo	58.27	320.05	380.96
Partnership Health Plan of California, Solano	38.56	211.48	260.32
Partnership Health Plan of California, Napa	47.86	197.05	255.58
Partnership Health Plan of California, Yolo	40.52	231.42	272.86
CalOPTIMA, Orange	60.74	205.11	269.82
Central Coast Alliance for Health, Santa Cruz	22.14	272.51	299.57
Central Coast Alliance for Health, Monterey	21.27	268.70	290.48
Rate for All Other Plan Codes	33.38	225.42	275.06

Overall Totals

	Overall Tota	115	
All Medi-Cal			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	277.75	439.11	698.41
1 to < 10	52.29	188.90	237.72
10 to < 20	24.74	123.50	149.31
20 to < 45	10.80	192.68	211.00
45 to < 65	29.02	391.79	434.80
65 to < 75	25.95	155.57	182.62
75 to < 85	25.72	120.05	146.95
85+	23.54	77.23	105.90
Medi-Cal Fee-For-Service	Program		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	342.19	470.36	776.80
1 to < 10	41.63	150.89	188.75
10 to < 20	21.08	111.87	137.83
20 to < 45	6.73	151.20	169.90
45 to < 65	28.11	381.82	430.07
65 to < 75	23.84	140.96	166.28
75 to < 85	23.73	105.56	130.89
85+	22.31	67.21	95.18
Medi-Cal Managed Care (- · · - ·	
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	229.54	412.68	636.21
1 to < 10	57.07	205.75	259.51
10 to < 20	27.16	130.92	156.66
20 to < 45	16.64	251.60	269.16
45 to < 65	30.78	410.99	443.04
65 to < 75	40.18	253.40	291.97
75 to < 85	41.05	228.26	267.52
85+	34.56	157.42	193.30
Geographic Managed Ca		.02	100.00
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	307.02	464.61	764.16
1 to < 10	65.85	208.70	271.90
10 to < 20	30.19	131.97	161.28
20 to < 45	18.62	264.43	282.82
45 to < 65	37.34	411.81	447.47
65 to < 75	54.76	355.11	404.68
75 to < 85	54.29	325.54	373.89
85+	51.81	292.51	334.90
Two Plan Model	31.01	232.31	334.30
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	226.53	424.58	644.59
1 to < 10	55.02	205.68	256.97
10 to < 20	25.48	129.94	153.37
20 to < 45	15.16	250.48	264.41
45 to < 65	26.69	412.51	436.00
45 to < 75	46.94	351.83	392.34
75 to < 85	66.65	353.86	414.50
75 to < 65 85+			
00 +	58.45	298.17	350.80

(By Age Group)

Overall Totals (continued)

County Organized Health Sy	stems	ililiaca,	
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	204.88	355.59	556.60
1 to < 10	62.39	203.98	265.05
10 to < 20	35.09	136.22	173.48
20 to < 45	22.75	247.73	283.27
45 to < 65	38.78	406.84	459.28
65 to < 75	38.10	228.75	266.37
75 to < 85	38.04	212.37	249.19
85+	32.76	146.29	181.00
All other Plan Codes	323		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	226.14	472.45	662.63
1 to < 10	52.70	235.77	279.11
10 to < 20	21.31	177.38	197.87
20 to < 45	14.60	303.33	359.27
45 to < 65	29.76	400.37	524.90
65 to < 75	11.56	72.34	90.90
75 to < 85	6.13	33.84	40.61
85+	3.50	21.49	27.22
651	3.30	21.49	21.22
	Geographic Managed	Care Plans	
Sharp Health Plan, San Dieg	0		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	373.86	549.97	906.42
1 to < 10	79.40	262.23	336.96
10 to < 20	33.89	176.52	208.74
20 to < 45	24.53	319.72	342.07
45 to < 65	46.93	500.10	543.62
65 to < 75	61.21	372.96	424.04
75 to < 85	28.78	264.39	291.37
85+	18.18	236.36	254.55
Universal Care, San Diego			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	281.90	488.01	757.04
1 to < 10	78.67	213.32	286.97
10 to < 20	32.78	125.05	156.28
20 to < 45	20.58	237.49	258.01
45 to < 65	33.51	333.89	364.79
65 to < 75	28.15	271.52	298.01
75 to < 85	8.40	75.63	78.43
85+	0.00	144.93	144.93
Community Health Group, Sa			111.00
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	283.77	508.73	785.48
1 to < 10	64.33	228.37	290.04
10 to < 20	28.01	136.99	164.19
20 to < 45	16.05	280.59	295.82
45 to < 65	32.67	407.18	436.60
65 to < 75	32.24	282.21	311.89
75 to < 85	23.78	271.48	293.28
85+	21.04	194.95	220.20
UU∓	∠ 1.U 4	19 4 .90	220.20

(By Age Group)

Geographic Managed Care Plans (continued)

Geographic Managed Care Plans (continued)			
Blue Cross of California, Sa			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	293.30	551.82	832.14
1 to < 10	70.17	273.09	339.38
10 to < 20	29.08	170.93	199.86
20 to < 45	21.98	334.23	354.65
45 to < 65	42.82	525.48	568.91
65 to < 75	25.25	331.65	355.22
75 to < 85	19.61	156.86	176.47
85+	166.67	333.33	388.89
University of Cal-San Diego	Health Plan		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	281.74	499.10	776.25
1 to < 10	75.81	218.95	292.99
10 to < 20	27.79	122.71	149.61
20 to < 45	16.67	222.52	242.38
45 to < 65	34.67	340.05	385.86
65 to < 75	23.13	198.64	216.33
75 to < 85	31.82	172.73	200.00
85+	0.00	80.00	80.00
Health Net, San Diego	0.00	00.00	00.00
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	175.69	392.82	563.36
1 to < 10	47.27	159.30	204.61
10 to < 20	13.26	76.79	89.17
20 to < 45	4.49	135.69	140.68
45 to < 65	5.34	182.16	186.93
65 to < 75	2.74	117.81	123.29
75 to < 85	10.26	128.21	138.46
85+	0.00	0.00	0.00
Kaiser Foundation Health P		Drive and Care	All Outrations
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	57.36	455.63	512.27
1 to < 10	25.87	236.96	264.55
10 to < 20	19.57	200.79	223.28
20 to < 45	37.78	443.42	484.78
45 to < 65	82.23	596.06	674.68
65 to < 75	121.23	670.10	782.15
75 to < 85	136.44	620.79	744.83
85+	68.42	557.89	613.16
Molina Health Care of Califo	•		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	261.79	225.41	485.90
1 to < 10	54.37	104.21	157.63
10 to < 20	27.67	76.43	103.83
20 to < 45	9.16	160.07	169.45
45 to < 65	19.48	270.08	289.17
65 to < 75	11.07	106.09	117.16
75 to < 85	17.96	26.95	44.91
85+	27.40	13.70	41.10

(By Age Group)

Geographic Managed Care Plans (continued)

•	grapnic Managed Care	Plans (continued)	
Western Health Advantage			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	232.64	262.45	494.55
1 to < 10	55.08	121.11	175.54
10 to < 20	26.94	99.92	126.64
20 to < 45	15.40	206.10	222.32
45 to < 65	38.17	379.20	419.21
65 to < 75	41.90	373.53	412.37
75 to < 85	60.05	254.57	310.70
85+	27.78	229.17	263.89
Health Net, Sacramento	-		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	469.98	247.68	712.52
1 to < 10	100.13	118.95	216.39
10 to < 20	43.00	76.31	117.97
20 to < 45	13.15	170.19	182.64
45 to < 65	19.11	271.96	290.42
65 to < 75	11.46	179.53	190.22
75 to < 85	22.95	201.64	224.59
85+	0.00	333.33	333.33
Kaiser, Sacramento	0.00	333.33	333.33
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	46.90	495.58	542.12
1 to < 10	16.74	219.02	235.30
10 to < 20	18.84	168.30	187.49
20 to < 45	23.67	364.87	390.00
45 to < 65	64.50	536.79	598.33
65 to < 75	103.64	556.55	648.30
75 to < 85	123.07	557.27	660.63
85+	152.30	442.53	551.72
Blue Cross of California, S		Drimany Cara	All Outpotiont
Age Range in Years 0 to < 1	Well Care 342.15	Primary Care 460.49	All Outpatient 801.70
1 to < 10	61.81	209.41	268.87
		135.32	165.68
10 to < 20	31.76		
20 to < 45	18.68	254.72	273.21
45 to < 65	37.06	434.35	468.47
65 to < 75	43.00	212.48	252.98
75 to < 85	30.86	139.83	167.79
85+	28.04	149.53	168.22
	Two Plan Model	Plane	
Alameda Alliance for Healt		i iulio	
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	439.55	546.25	967.88
1 to < 10	101.69	245.43	339.35
10 to < 20	50.86	136.85	183.50
20 to < 45	30.59	302.68	331.70
45 to < 65	49.96	476.49	521.62
65 to < 75			
	85.13 117.00	513.73 501.07	582.52
75 to < 85	117.99	501.97	600.24
85+	69.14	349.07	409.78

(By Age Group)

Blue Cross of California,	Alameda	is (continued)	
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	279.30	393.25	630.49
1 to < 10	62.89	181.23	234.56
10 to < 20	31.20	109.57	137.98
20 to < 45	17.32	253.30	269.84
45 to < 65	32.14	426.37	462.23
65 to < 75	18.90	361.80	378.10
75 to < 85	21.16	208.11	220.46
85+	36.59	158.54	170.73
Contra Costa Health Plan,		130.54	170.75
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	491.42	670.21	1,146.36
1 to < 10	99.57	302.30	396.30
10 to < 20	33.36	212.82	244.01
20 to < 45	17.20	532.37	549.28
		877.68	914.26
45 to < 65	40.40		
65 to < 75	81.16	759.99	827.25
75 to < 85	104.24	733.75	821.75
85+	108.15	688.85	783.69
Blue Cross of California, (Well Care	Drive and Com-	All Outer attach
Age Range in Years	224.78	Primary Care	All Outpatient
0 to < 1		304.22	524.19
1 to < 10	56.02	158.95	212.60
10 to < 20	25.35	99.59	124.57
20 to < 45	13.87	226.64	240.65
45 to < 65	27.23	396.03	420.72
65 to < 75	29.94	251.50	275.45
75 to < 85	49.50	356.44	396.04
85+	71.43	178.57	214.29
Kern Family Health Care,			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	285.78	678.43	963.08
1 to < 10	55.98	288.37	343.50
10 to < 20	27.05	183.87	210.16
20 to < 45	16.27	358.34	373.62
45 to < 65	31.37	565.74	594.73
65 to < 75	26.90	268.99	292.72
75 to < 85	20.07	270.90	301.00
85+	0.00	307.69	307.69
Blue Cross of California, I			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	337.95	623.42	959.31
1 to < 10	61.05	274.31	334.26
10 to < 20	30.36	187.14	216.68
20 to < 45	17.96	403.97	421.06
45 to < 65	35.23	653.37	687.02
65 to < 75	19.27	227.89	243.20
75 to < 85	14.41	126.80	138.33
85+	0.00	82.19	82.19

(By Age Group)

LA CARE Health Plan, Los Angeles	
Age Range in Years Well Care Primary Care	All Outpatient
0 to < 1 191.26 357.44	542.14
1 to < 10 48.50 192.19	235.52
10 to < 20 19.03 121.09	136.58
20 to < 45 8.95 206.75	214.39
45 to < 65 17.81 381.62	395.27
	428.67
	434.60
85+ 61.34 373.84	427.41
Health Net, Los Angeles Age Range in Years Well Care Primary Care	All Outpatient
0 to < 1 237.46 301.02	533.76
1 to < 10 60.36 156.52	213.42
10 to < 20 24.73 96.11	119.08
20 to < 45 13.92 167.10	179.00
	319.60
65 to < 75 23.67 241.66	261.56
75 to < 85 18.21 209.90	227.41
85+ 16.78 146.03	161.90
Inland Empire Health Plan, Riverside	All Outrations
Age Range in Years Well Care Primary Care 0 to < 1	All Outpatient
	331.56
	170.63
10 to < 20 17.32 99.37	117.92
20 to < 45 21.08 193.58	214.58
45 to < 65 39.37 312.12	350.83
65 to < 75 66.67 277.12	337.91
75 to < 85 104.13 356.19	453.97
85+ 72.96 433.48	497.85
Molina Health Care of California, Riverside	A 11 O 1 11 1
Age Range in Years Well Care Primary Care	All Outpatient
0 to < 1 232.87 288.38	520.95
1 to < 10 64.24 167.10	230.61
10 to < 20 31.38 95.56	126.87
20 to < 45 18.50 178.85	196.61
45 to < 65 29.12 299.84	328.81
65 to < 75 33.05 219.83	250.00
75 to < 85 23.62 401.57	425.20
85+ 51.28 230.77	282.05
Inland Empire Health Plan, San Bernardino	
Age Range in Years Well Care Primary Care	All Outpatient
0 to < 1 32.40 302.71	333.71
1 to < 10 17.73 166.40	183.25
10 to < 20 18.16 108.88	126.95
20 to < 45 24.26 216.80	240.18
45 to < 65 40.95 345.98	385.27
65 to < 75 82.33 337.10	410.73
75 to < 85 117.62 434.72	544.56
85+ 179.34 374.27	539.96

(By Age Group)

I WO Flait Woder Flaits (Continued)			
	alifornia, San Bernardino	D: 0	A !! O ! !! !
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	231.72	270.48	501.17
1 to < 10	63.71	149.49	212.45
10 to < 20	36.50	96.89	133.08
20 to < 45	20.84	182.18	201.87
45 to < 65	32.21	303.40	333.72
65 to < 75	30.96	185.76	215.69
75 to < 85	17.58	81.32	96.70
85+	0.00	31.75	47.62
San Francisco Health P	•		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	244.01	516.79	755.81
1 to < 10	82.27	303.54	382.90
10 to < 20	41.38	135.11	173.98
20 to < 45	14.85	251.29	265.71
45 to < 65	21.98	360.79	381.46
65 to < 75	33.54	290.32	323.01
75 to < 85	57.22	312.86	365.35
85+	56.41	233.33	276.92
Blue Cross of California	a, San Francisco		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	316.46	591.99	906.33
1 to < 10	71.47	296.81	365.47
10 to < 20	39.95	153.65	190.14
20 to < 45	20.93	287.00	304.60
45 to < 65	41.39	469.46	515.67
65 to < 75	39.38	241.46	277.86
75 to < 85	3.54	102.65	107.96
85+	19.51	82.93	97.56
Health Plan of San Joac			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	284.85	397.04	678.80
1 to < 10	64.15	183.57	245.79
10 to < 20	32.02	123.88	155.27
20 to < 45	18.75	245.73	264.35
45 to < 65	31.29	410.88	440.52
65 to < 75	35.44	317.18	348.59
75 to < 85	35.79	370.53	402.11
85+	0.00	22.22	22.22
Blue Cross of California		<i></i>	22.22
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	291.80	558.87	844.42
1 to < 10	59.00	241.64	298.41
10 to < 20	26.72	157.53	184.16
20 to < 45	14.84	294.28	312.79
45 to < 65	29.74	493.68	524.97
65 to < 75	16.51	433.96	450.47
75 to < 85	28.99	311.59	340.58
75 t0 < 65 85+			
007	19.61	19.61	39.22

(By Age Group)

Santa Clara Family Healt	h Plan Santa Clara	(continuca)	
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	266.53	446.07	711.79
1 to < 10	76.64	216.36	290.82
10 to < 20	32.18	121.92	152.63
20 to < 45	17.76	241.77	258.71
45 to < 65	36.78	299.48	331.57
65 to < 75	68.83	371.57	432.22
75 to < 85	106.21	474.02	566.60
85+	115.69	339.14	445.32
Blue Cross of California,		D: 0	A !! O ! !! !
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	268.20	328.03	595.95
1 to < 10	61.69	159.05	220.23
10 to < 20	37.67	90.96	128.47
20 to < 45	23.01	210.51	231.27
45 to < 65	44.51	234.47	275.38
65 to < 75	36.15	291.54	321.15
75 to < 85	49.80	398.43	445.61
85+	0.00	410.85	457.36
Blue Cross/Stanislaus Lo			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	270.54	593.64	819.52
1 to < 10	55.56	256.88	303.44
10 to < 20	24.89	181.81	204.55
20 to < 45	16.15	402.81	420.11
45 to < 65	31.48	640.65	673.42
65 to < 75	32.74	186.26	217.39
75 to < 85	8.23	238.68	246.91
85+	0.00	254.24	254.24
Blue Cross of California	LI, Tulare		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	268.87	1,220.60	1,470.14
1 to < 10	57.89	518.60	570.34
10 to < 20	28.28	343.62	368.95
20 to < 45	19.70	684.16	702.78
45 to < 65	33.58	993.95	1,025.24
65 to < 75	13.06	443.30	456.36
75 to < 85	30.61	295.92	326.53
85+	0.00	0.00	0.00
Health Net, Tulare			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	227.68	847.28	1,051.79
1 to < 10	53.69	318.53	366.21
10 to < 20	15.79	196.48	210.09
20 to < 45	6.02	416.30	421.66
45 to < 65	4.02	503.48	506.84
65 to < 75	7.35	470.59	474.26
75 to < 85	0.00	416.67	416.67
85+	0.00	125.00	125.00
55 ·	0.00	0.00	.20.00

(By Age Group)

	WO Plati Model Platis	(continued)	
Blue Cross of California, Fres		D: 0	A II O 1 1' 1
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	351.06	740.05	1,087.88
1 to < 10	72.04	327.44	397.81
10 to < 20	40.83	205.38	245.23
20 to < 45	23.82	428.12	449.93
45 to < 65	37.94	706.92	741.45
65 to < 75	23.39	263.36	284.90
75 to < 85	21.75	100.27	139.52
85+	17.44	66.86	84.30
Health Net, Fresno			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	293.57	438.50	727.34
1 to < 10	64.34	202.70	265.36
10 to < 20	22.70	119.41	141.54
20 to < 45	6.08	242.92	247.99
45 to < 65	5.30	358.26	362.29
65 to < 75	2.41	173.70	176.12
75 to < 85	19.80	79.21	89.11
85+	0.00	0.00	0.00
	nty Organized Health	n System Plans	
Santa Barbara Health Initiativ			
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	295.78	384.42	667.85
1 to < 10	72.60	197.28	265.59
10 to < 20	30.88	147.58	180.26
20 to < 45	27.81	281.91	316.34
45 to < 65	40.26	478.08	525.81
65 to < 75	53.24	407.58	456.97
75 to < 85	58.07	394.99	448.14
85+	46.66	262.49	309.24
Health Plan of San Mateo, Sa	n Mateo		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	257.30	342.16	584.52
1 to < 10	70.64	193.91	258.86
10 to < 20	27.50	123.17	154.35
20 to < 45	21.25	294.33	334.93
45 to < 65	34.44	571.67	623.70
65 to < 75	50.41	477.17	524.61
75 to < 85	57.31	492.48	544.69
85+	50.91	341.01	393.98
Partnership Health Plan of Ca	alifornia, Solano		
Age Range in Years	Well Care	Primary Care	All Outpatient
0 to < 1	197.05	252.88	448.54
1 to < 10	48.40	146.37	194.76
10 to < 20	24.43	120.09	147.83
20 to < 45	16.67	238.55	274.09
45 to < 65	31.91	380.94	457.18
65 to < 75	37.24	319.14	358.60
75 to < 85	40.30	276.21	318.81
85+	27.21	209.98	240.91
	_ · · _ ·	_00.00	= .0.01

(By Age Group)

County Organized Health System Plans (continued)

Partnership Health Plan of California, Napa	County Organized Health System Flans (Continued)				
10 to < 1 218.64 332.33 549.96 1 to < 10 59.40 171.10 231.78 10 to < 20 24.99 111.38 150.92 20 to < 45 17.86 177.71 218.15 45 to < 65 38.43 295.79 354.10 65 to < 75 41.91 275.10 321.27 75 to < 85 46.26 239.71 285.67 85+ 31.05 137.85 188.90 Partnership Health Plan of California, Yolo Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 214.15 319.86 534.54 1 to < 10 < 27.53 119.30 148.15 20 to < 45 31.13 409.81 422.66 65 to < 75 27.96 358.66 385.01 75 to < 85 27.21 294.38 320.46 85+ 18.33 170.47 189.43 CalOPTIMA, Orange Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 229.25 322.26 549.70 1 to < 20 46.50 135.11 183.18 20 to < 45 25.96 220.05 260.53 45 to < 66 42.49 362.26 549.70 1 to < 20 46.50 31.18 20 to < 45 25.96 65 to < 75 34.75 128.68 183.76 Carlotta Care Primary Care All Outpatient 0 to < 1 229.25 322.26 549.70 1 to < 20 46.50 31.18 20 to < 45 25.96 220.05 260.53 45 to < 66 42.49 362.26 549.70 65 to < 75 34.75 128.68 163.76 75 to < 85 30.18 98.85 128.69 Central Coast Alliance for Health, Santa Cruz Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 47.86 416.97 464.63 1 to < 10 15.94 210.99 227.22 Central Coast Alliance for Health, Santa Cruz Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 47.86 416.97 464.63 1 to < 10 15.94 210.99 227.22 Central Coast Alliance for Health, Santa Cruz Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 47.86 416.97 464.63 1 to < 10 15.94 210.99 227.22 Central Coast Alliance for Health, Monterey Age Range in Years Well Care Primary Care All Outpatient 0 to < 20 14.46 150.92 169.87 Contral Coast Alliance for Health, Monterey Age Range in Years Well Care Primary Care All Outpatient 1 to < 10 13.40 232.77 244.61 1 to < 10 13.40 232.77 244.61 1 to < 10 13.40 232.77 244.61 1 to < 10 10 45 56 35.71 430.76 446.93 20 to < 45 35.71 430.76 469.04 65 to < 75 37.59 228.88 65 to < 75 37.59 228.88 65 50.84 47.97 65 50.58 38.54 198.76 233.47		·	D: 0	AU O (1' (
1 to < 10 59.40 171.10 231.78 10 to < 20 24.99 111.38 150.92 20 to < 45 17.86 177.71 218.15 45 to < 65 38.43 295.79 354.10 65 to < 75 41.91 275.10 321.27 75 to < 85 46.26 239.71 285.67 85+ 41.91 310.5 137.85 168.90 Partnership Health Plan of California, Yolo Age Range in Years Well Care 0 to < 1 214.15 319.86 534.54 1 to < 10 57.55 176.75 234.15 1 to < 10 57.55 1716.75 234.15 1 to < 10 57.55 1716.75 234.15 1 to < 20 27.53 119.30 148.15 2 to < 45 17.33 239.37 259.30 45 to < 65 31.13 409.81 442.46 6 5 to < 75 27.96 358.66 385.01 7 5 to < 85 27.21 294.38 320.46 8 5+ 18.33 170.47 188.43 CalOPTIMA, Orange Age Range in Years Well Care Primary Care 38.60 8 5+ 18.33 170.47 188.43 CalOPTIMA, Orange Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 229.25 322.26 549.70 1 to < 10 22 29.25 322.26 549.70 1 to < 10 29 46.50 135.11 183.18 20 to < 45 25.96 220.05 260.53 45 to < 65 42.49 362.56 417.98 65 to < 75 34.75 128.68 163.54 10 to < 20 46.50 30.18 98.85 128.90 85+ 26.12 62.23 90.53 Central Coast Alliance for Health, Santa Cruz Age Range in Years Well Care Que Control					
10 to < 20					
20 to < 45					
45 to < 65					
65 to < 75					
75 to < 85				354.10	
85+ 31.05 137.85 168.90 Partnership Health Plan of California, Yolo Age Range in Years Well Care Primary Care All Outpatient 0 to < 1	65 to < 75	41.91	275.10	321.27	
Partnership Health Plan of California, Yolo Age Range in Years Well Care Primary Care All Outpatient 0 to < 1	75 to < 85	46.26	239.71	285.67	
Age Range in Years Well Care 0 to < 1 Primary Care 319.86 534.54 1 to < 10	85+	31.05	137.85	168.90	
0 to < 1 214.15 319.86 534.54 1 to < 10 57.55 176.75 234.15 10 to < 20 27.53 119.30 148.15 20 to < 45 17.33 239.37 259.30 45 to < 65 31.13 409.81 442.46 65 to < 75 27.96 358.66 385.01 75 to < 85 27.21 294.38 320.46 85+ 18.33 170.47 189.43 CalOPTIMA, Orange Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 229.25 322.26 549.70 1 to < 10 75.47 210.48 285.34 10 to < 20 46.50 135.11 183.18 20 to < 45 25.96 220.05 260.53 45 to < 65 42.49 362.56 417.98 65 to < 75 34.75 128.68 163.76 75 to < 85 30.18 98.85 128.90 85+ 26.12 62.23 90.53 Central Coast Alliance for Health, Santa Cruz Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 47.86 416.97 464.63 1 to < 10 15.94 210.99 227.22 10 to < 20 14.46 150.92 189.87 20 to < 45 16.80 300.28 328.64 45 to < 65 30.65 46.63 300.28 328.64 45 to < 65 30.65 46.80 300.28 328.64 45 to < 65 30.65 469.68 509.95 65 to < 75 31.24 307.00 337.06 75 to < 85 40.23 234.34 275.07 85+ 36.57 142.03 182.83 Central Coast Alliance for Health, Monterey Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 41.87 539.57 578.18 1 to < 10 13.40 232.77 244.61 10 to < 20 14.13 158.00 172.85 Central Coast Alliance for Health, Monterey Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 41.87 539.57 578.18 1 to < 10 13.40 232.77 244.61 10 to < 20 14.13 158.00 172.85 20 to < 45 17.74 299.21 321.87 45 to < 65 35.71 430.76 446.90 45 to < 65 35.71 430.76 469.04 45 to < 65 36.50 36.50 36.50 49.86 65 to < 75 37.59 228.18 263.60 75 to < 85 38.54 198.76	Partnership Health Plan of	California, Yolo			
1 to < 10 57.55 176.75 234.15 10 to < 20 27.53 119.30 148.15 20 to < 45 17.33 239.37 259.30 45 to < 65 31.13 409.81 442.46 65 to < 75 27.96 358.66 336.01 75 to < 85 27.21 294.38 320.46 85+ 18.33 170.47 189.43 CaIOPTIMA, Orange Age Range in Years Well Care Primary Care All Outpatient 1 to < 10 75.47 210.48 285.34 10 to < 20 46.50 135.11 183.18 20 to < 45 25.96 220.05 260.53 45 to < 65 42.49 362.56 417.98 65 to < 75 34.75 128.68 163.76 75 to < 85 30.18 98.85 128.90 85+ 26.12 62.23 90.53 Central Coast Alliance for Health, Santa Cruz Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 47.86 416.97 464.63 1 to < 10 47.86 416.97 464.63 1 to < 10 45.80 300.28 328.64 45 to < 65 30.65 46.80 300.28 328.64 45 to < 65 30.65 46.96 50.95 65 to < 75 31.24 307.00 337.06 75 to < 85 40.23 234.34 275.07 85+ 36.57 31.24 307.00 337.06 75 to < 85 40.23 234.34 275.07 85+ 36.57 31.24 307.00 337.06 75 to < 85 40.23 234.34 275.07 85+ 36.57 31.24 307.00 337.06 75 to < 85 40.23 234.34 275.07 86+ 36.57 31.24 307.00 337.06 75 to < 85 40.23 234.34 275.07 87 40.41 13 158.00 172.85 Central Coast Alliance for Health, Monterey Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 41.87 539.57 578.18 1 to < 10 13.40 232.77 244.61 1 to < 20 14.13 158.00 172.85 20 to < 45 17.74 299.21 321.87 45 to < 65 35.71 430.76 446.90 45 to < 65 35.71 430.76 469.04 45 to < 65 35.75 37.59 228.18 263.60 75 to < 85 38.54 198.76 234.47	0 0	Well Care	Primary Care	All Outpatient	
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20 to < 45 17.33 293.37 259.30 45 to < 65 31.13 409.81 442.46 65 to < 75 27.96 358.66 385.01 75 to < 85 27.21 294.38 320.46 85+ 18.33 170.47 189.43	1 to < 10	57.55	176.75	234.15	
45 to < 65 31.13 409.81 442.46 65 to < 75 27.96 358.66 385.01 75 to < 85 27.21 294.38 320.46 85+ 18.33 170.47 189.43 CalOPTIMA, Orange Age Range in Years	10 to < 20	27.53	119.30	148.15	
65 to < 75	20 to < 45	17.33	239.37	259.30	
65 to < 75	45 to < 65	31.13	409.81	442.46	
75 to < 85 27.21 294.38 320.46 85+ 18.33 170.47 189.43 CalOPTIMA, Orange Age Range in Years Well Care Primary Care All Outpatient 0 to < 1		27.96	358.66	385.01	
85+ 18.33 170.47 189.43 CalOPTIMA, Orange Age Range in Years Well Care Primary Care All Outpatient 0 to < 1					
CalOPTIMA, Orange Age Range in Years Well Care Primary Care All Outpatient 0 to < 1					
Age Range in Years Well Care Primary Care All Outpatient 0 to < 1		10.00		100.10	
0 to < 1		Well Care	Primary Care	All Outpatient	
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10 to < 20 46.50 135.11 183.18 20 to < 45 25.96 220.05 260.53 45 to < 65 42.49 362.56 417.98 65 to < 75 34.75 128.68 163.76 75 to < 85 30.18 98.85 128.90 85+ 26.12 62.23 90.53 Central Coast Alliance for Health, Santa Cruz Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 47.86 416.97 464.63 1 to < 10 15.94 210.99 227.22 10 to < 20 14.46 150.92 169.87 20 to < 45 16.80 300.28 328.64 45 to < 65 30.65 469.68 509.95 65 to < 75 31.24 307.00 337.06 75 to < 85 40.23 234.34 275.07 85+ 36.57 142.03 182.83 Central Coast Alliance for Health, Monterey Age Range in Years Well Care Primary Care All Outpatient 0 to < 1 41.87 539.57 578.18 1 to < 10 13.40 232.77 244.61 10 to < 20 14.13 158.00 172.85 20 to < 45 17.74 299.21 321.87 45 to < 65 35.71 430.76 469.04 65 to < 75 37.59 228.18 263.60 75 to < 85 37.59 228.18 263.60					
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Central Coast Alliance for Health, Santa Cruz Age Range in Years Well Care Primary Care All Outpatient 0 to < 1					
Age Range in Years Well Care Primary Care All Outpatient 0 to < 1			02.23	90.55	
0 to < 1			Primary Caro	All Outpationt	
1 to < 10	-				
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20 to < 45					
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Central Coast Alliance for Health, Monterey Age Range in Years Well Care Primary Care All Outpatient 0 to < 1					
Age Range in Years Well Care Primary Care All Outpatient 0 to < 1			142.03	182.83	
0 to < 1					
1 to < 10			-		
10 to < 20					
20 to < 45					
45 to < 65					
65 to < 75 37.59 228.18 263.60 75 to < 85 38.54 198.76 234.47					
75 to < 85 38.54 198.76 234.47					
	65 to < 75	37.59	228.18	263.60	
85+ 37.12 135.86 172.98	75 to < 85	38.54	198.76	234.47	
	85+	37.12	135.86	172.98	

(By Aid Code Range)

Overall Totals

Aid Code Category Well Care Primary Care All Outpatient Family 36.99 182.95 217.50 Youth Related 80.70 176.14 249.81 Aged, Blind, Disabled 27.80 254.15 300.79 Other Aid Codes 32.45 608.92 646.67 Medi-Cal Fee-For-Service Program All Outpatient Family 27.65 139.56 185.20 Youth Related 80.73 135.10 205.86 Aged, Blind, Disabled 26.13 238.47 284.66 Other Aid Codes 14.13 435.14 456.02 466.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 30.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Code Category Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related <	All Medi-Cal			
Youth Related 80.70 176.14 249.81 Aged, Blind, Disabled 27.80 254.15 300.79 Other Aid Codes 32.45 608.92 646.67 Medi-Cal Fee-For-Service Program Well Care Primary Care All Outpatient Family 27.65 139.56 165.20 Youth Related 80.73 135.10 205.86 Aged, Blind, Disabled 26.13 238.47 284.66 Other Aid Codes 14.13 435.14 456.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 415.51 374.82 423.51<	Aid Code Category	Well Care	Primary Care	All Outpatient
Aged, Blind, Disabled Other Aid Codes 32.45 608.92 646.67 Medi-Cal Fee-For-Service Program Well Care Primary Care All Outpatient Family 27.65 139.56 165.20 Youth Related 80.73 135.10 205.86 Aged, Blind, Disabled 26.13 238.47 284.66 Other Aid Codes 14.13 435.14 456.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Afs.00 All Outpatient Pamily 42.97 210.18 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 250.46 </td <td>Family</td> <td>36.99</td> <td>182.95</td> <td>217.50</td>	Family	36.99	182.95	217.50
Other Aid Codes 32.45 608.92 646.67 Medi-Cal Fee-For-Service Program Medi-Cal Fee-For-Service Program Well Care Primary Care All Outpatient Family 27.65 139.56 165.20 Youth Related 80.73 135.10 205.86 Aged, Blind, Disabled 26.13 238.47 284.66 Other Aid Codes 14.13 435.14 456.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 77	Youth Related	80.70	176.14	249.81
Medi-Cal Fee-For-Service Program Well Care Primary Care All Outpatient Family Family 27.65 139.56 165.20 Youth Related 80.73 135.10 205.86 Aged, Blind, Disabled 26.13 238.47 284.66 Other Aid Codes 14.13 435.14 456.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family Aid Code Category Well Care Primary Care All Outpatient Family Youth Related 36.27 210.18 250.46 Youth Related 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Kaid Code Category Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Two Plan Model 41.51 857.14 857.14 94.24 29.9	Aged, Blind, Disabled	27.80	254.15	300.79
Aid Code Category Well Care Primary Care All Outpatient Family 27.65 139.56 165.20 Youth Related 80.73 135.10 205.86 Aged, Blind, Disabled 26.13 238.47 284.66 Other Aid Codes 14.13 435.14 456.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model 41.51 374.82 4247.50 <td>_</td> <td>32.45</td> <td>608.92</td> <td>646.67</td>	_	32.45	608.92	646.67
Family 27.65 139.56 165.20 Youth Related 80.73 135.10 205.86 Aged, Blind, Disabled 26.13 238.47 284.66 Other Aid Codes 14.13 435.14 456.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care All Outpatient Family 48.92 200.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 857.14 291.48 291.29 Ald Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 <t< td=""><td>Medi-Cal Fee-For-Service Program</td><td></td><td></td><td></td></t<>	Medi-Cal Fee-For-Service Program			
Youth Related 80.73 135.10 205.86 Aged, Blind, Disabled 26.13 238.47 284.66 Other Aid Codes 14.13 435.14 456.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model 40.54 209.84 247.50 Ald Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50	Aid Code Category	Well Care	Primary Care	All Outpatient
Aged, Blind, Disabled 26.13 238.47 284.66 Other Aid Codes 14.13 435.14 456.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model 40.54 209.84 247.50 Ald Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 39.18 422.58 463.85	Family	27.65	139.56	165.20
Other Aid Codes 14.13 435.14 456.02 Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family Aid Code Category Well Care Primary Care All Outpatient Family Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Well Care Primary Care All Outpatient Pamily Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 357.14 914.29 Two Plan Model Well Care Primary Care All Outpatient Pamily Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 425.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems </td <td>Youth Related</td> <td>80.73</td> <td>135.10</td> <td>205.86</td>	Youth Related	80.73	135.10	205.86
Medi-Cal Managed Care (selected plans) Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Aid Code Category Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Heal	Aged, Blind, Disabled	26.13	238.47	284.66
Aid Code Category Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Aid Code Category Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model Vell Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Prima	Other Aid Codes	14.13	435.14	456.02
Aid Code Category Well Care Primary Care All Outpatient Family 42.97 210.18 250.46 Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Aid Code Category Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model Vell Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Prima	Medi-Cal Managed Care (selected p	lans)		
Youth Related 80.37 221.29 298.06 Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care All Outpatient Aid Code Category Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 <			Primary Care	All Outpatient
Aged, Blind, Disabled 36.27 322.95 370.82 Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Aid Code Category Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model Aid Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled <td>Family</td> <td>42.97</td> <td>210.18</td> <td>250.46</td>	Family	42.97	210.18	250.46
Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Well Care Primary Care All Outpatient Aid Code Category Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model 367.14 857.14 914.29 Aid Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 </td <td>Youth Related</td> <td>80.37</td> <td>221.29</td> <td>298.06</td>	Youth Related	80.37	221.29	298.06
Other Aid Codes 381.78 3,906.65 4,265.91 Geographic Managed Care Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model 857.14 857.14 914.29 Aid Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.	Aged, Blind, Disabled	36.27	322.95	370.82
Geographic Managed Care Aid Code Category Well Care Primary Care All Outpatient Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model Two Plan Model Aid Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24		381.78	3,906.65	4,265.91
Family 48.92 209.99 256.75 Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model Aid Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Well Care Primary Care All Outpatient <td>Geographic Managed Care</td> <td></td> <td></td> <td></td>	Geographic Managed Care			
Youth Related 112.77 277.57 385.67 Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model Aid Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Well Care Primary Care All Outpatient Family 39.51 263.61 297.56 <td>Aid Code Category</td> <td>Well Care</td> <td>Primary Care</td> <td>All Outpatient</td>	Aid Code Category	Well Care	Primary Care	All Outpatient
Aged, Blind, Disabled 41.51 374.82 423.51 Other Aid Codes 57.14 857.14 914.29 Two Plan Model Aid Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Family	48.92	209.99	256.75
Other Aid Codes 57.14 857.14 914.29 Two Plan Model Frimary Model Aid Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Youth Related	112.77	277.57	385.67
Two Plan Model Aid Code Category Well Care Primary Care All Outpatient Familly 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Aged, Blind, Disabled	41.51	374.82	423.51
Aid Code Category Well Care Primary Care All Outpatient Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Other Aid Codes	57.14	857.14	914.29
Family 40.54 209.84 247.50 Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Two Plan Model			
Youth Related 71.52 214.81 282.49 Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Aid Code Category	Well Care	Primary Care	All Outpatient
Aged, Blind, Disabled 39.18 422.58 463.85 Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Family	40.54	209.84	247.50
Other Aid Codes 49.08 1,441.72 1,478.53 County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Youth Related	71.52	214.81	282.49
County Organized Health Systems Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Aged, Blind, Disabled	39.18	422.58	463.85
Aid Code Category Well Care Primary Care All Outpatient Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Other Aid Codes	49.08	1,441.72	1,478.53
Family 53.06 212.49 263.61 Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	County Organized Health Systems			
Youth Related 100.91 220.85 319.68 Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56		Well Care	Primary Care	All Outpatient
Aged, Blind, Disabled 34.02 263.16 314.42 Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Family	53.06	212.49	263.61
Other Aid Codes 398.24 4,031.74 4,406.90 All Other Plan Codes Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Youth Related	100.91	220.85	319.68
All Other Plan Codes Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Aged, Blind, Disabled	34.02	263.16	314.42
Aid Code Category Well Care Primary Care All Outpatient Family 39.51 263.61 297.56	Other Aid Codes	398.24	4,031.74	4,406.90
Family 39.51 263.61 297.56	All Other Plan Codes			
	Aid Code Category	Well Care	Primary Care	All Outpatient
Vouth Poloted 70.01 240.02 246.00	Family	39.51	263.61	297.56
10uti Relateu /9.01 249.93 310.08	Youth Related	79.01	249.93	316.08
Aged, Blind, Disabled 15.98 171.83 238.49	Aged, Blind, Disabled	15.98	171.83	238.49
Other Aid Codes 0.00 323.53 323.53	Other Aid Codes	0.00	323.53	323.53

(By Aid Code Range)

Geographic Managed Care Plans

	grapilic managed care	FIAIIS	
Sharp Health Plan, San Diego			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	62.82	269.09	327.91
Youth Related	145.33	343.58	479.18
Aged, Blind, Disabled	46.63	422.36	478.50
Other Aid Codes	0.00	0.00	0.00
Universal Care, San Diego			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	57.32	201.76	255.72
Youth Related	123.34	282.08	399.40
Aged, Blind, Disabled	36.17	297.36	338.81
Other Aid Codes	0.00	0.00	0.00
Community Health Group, San Diego	o		
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	46.45	219.88	264.13
Youth Related	109.56	298.56	403.42
Aged, Blind, Disabled	34.63	356.37	396.62
Other Aid Codes	83.33	1,500.00	1,583.33
Blue Cross of California, San Diego			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	54.50	283.30	334.82
Youth Related	115.62	325.22	436.23
Aged, Blind, Disabled	41.36	479.08	532.02
Other Aid Codes	0.00	125.00	125.00
University of Cal-San Diego Health F			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	52.83	200.98	252.04
Youth Related	126.88	315.57	441.37
Aged, Blind, Disabled	33.93	315.94	383.45
Other Aid Codes	0.00	333.33	333.33
Health Net, San Diego	0.00	333.33	000.00
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	28.44	138.04	165.01
Youth Related	83.36	215.20	296.49
Aged, Blind, Disabled	13.83	159.88	183.29
Other Aid Codes	0.00	0.00	0.00
Kaiser Foundation Health Plan, San		0.00	0.00
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	29.60	292.83	320.89
Youth Related	34.79	242.90	277.05
Aged, Blind, Disabled	76.84	562.60	656.30
Other Aid Codes	0.00	0.00	0.00
Molina Health Care of California, Sac		0.00	0.00
•		Primary Cara	All Outpationt
Aid Code Category	Well Care 37.94	Primary Care 118.04	All Outpatient 155.38
Family Youth Bolated	37.94 84.17	137.71	
Youth Related			221.04 199.08
Aged, Blind, Disabled	22.87	173.54	
Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

Geographic Managed Care (continued)

Western Health Advantage, Sacrame	ento	· · · · · · · · · · · · · · · · · · ·	
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	38.05	143.22	180.64
Youth Related	76.71	157.57	233.53
Aged, Blind, Disabled	40.45	341.56	387.47
Other Aid Codes	0.00	0.00	0.00
Health Net, Sacramento			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	64.37	126.85	189.47
Youth Related	140.80	141.23	277.50
Aged, Blind, Disabled	30.85	232.10	264.83
Other Aid Codes	0.00	0.00	0.00
Kaiser, Sacramento			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	20.93	252.87	272.64
Youth Related	19.64	224.56	243.21
Aged, Blind, Disabled	54.29	463.79	522.34
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Sacramento			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	48.59	213.83	260.51
Youth Related	103.78	238.99	340.50
Aged, Blind, Disabled	37.04	379.62	421.97
Other Aid Codes	0.00	0.00	0.00
			0.00
	Two Plan Model Plan	S	
Alameda Alliance for Health, Alamed			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	74.46	236.90	305.47
Youth Related	173.09	361.59	525.17
Aged, Blind, Disabled	64.62	488.55	555.42
Other Aid Codes	1,000.00	17,000.00	17,000.00
Blue Cross of California, Alameda			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	46.69	194.45	235.44
Youth Related	113.93	251.46	343.51
Aged, Blind, Disabled	31.89	388.07	428.85
Other Aid Codes	0.00	1,000.00	1,000.00
Contra Costa Health Plan, Contra Co	sta		
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	72.67	359.97	428.70
Youth Related	201.19	420.43	614.10
Aged, Blind, Disabled	52.12	755.94	807.16
Other Aid Codes	0.00	2,526.32	2,526.32
Blue Cross of California, Contra Cos			
Blue Cross of California, Contra Cos Aid Code Category	ta Well Care	Primary Care	All Outpatient
Blue Cross of California, Contra Cos Aid Code Category Family	ta Well Care 44.46	172.79	215.39
Blue Cross of California, Contra Cos Aid Code Category Family Youth Related	ta Well Care 44.46 90.59	172.79 176.66	215.39 267.38
Blue Cross of California, Contra Cos Aid Code Category Family	ta Well Care 44.46	172.79	215.39

(By Aid Code Range)

Kern Family Health Care, Kern	WO I Idii Model (collini	acaj	
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	46.39	299.36	344.73
Youth Related	89.77	363.60	452.20
Aged, Blind, Disabled	33.79	454.67	489.94
Other Aid Codes	0.00	217.39	217.39
Blue Cross of California, Kern	0.00	217.39	217.59
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	49.52	305.65	353.95
Youth Related	92.74	331.09	422.17
Aged, Blind, Disabled	32.21	519.92	553.30
Other Aid Codes	166.67	666.67	833.33
LA CARE Health Plan, Los Angeles	100.07	000.07	033.33
	Well Care	Drimon, Coro	All Outpotiont
Aid Code Category Family	32.45	Primary Care 189.25	All Outpatient 217.82
Youth Related	52.45 58.14	198.82	252.32
	36.78	395.22	
Aged, Blind, Disabled			432.07
Other Aid Codes	21.28	1,595.74	1,595.74
Health Net, Los Angeles	W II O	D: 0	A !! O ! !! !
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	41.91	152.59	191.69
Youth Related	70.25	155.72	222.89
Aged, Blind, Disabled	29.68	288.07	319.82
Other Aid Codes	97.56	1,512.20	1,609.76
Inland Empire Health Plan, Riversid			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	18.79	156.78	175.30
Youth Related	22.72	183.87	206.13
Aged, Blind, Disabled	36.88	289.82	332.82
Other Aid Codes	95.24	1,142.86	1,238.10
Molina Health Care of California, Riv			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	49.86	158.14	207.40
Youth Related	102.13	189.62	291.63
Aged, Blind, Disabled	34.77	279.28	315.90
Other Aid Codes	0.00	0.00	0.00
Inland Empire Health Plan, San Beri	nardino		
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	20.36	170.09	189.48
Youth Related	24.61	201.56	225.41
Aged, Blind, Disabled	43.42	317.50	365.07
Other Aid Codes	33.33	233.33	266.67
Molina Health Care of California, Sa	n Bernardino		
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	49.93	150.66	199.83
Youth Related	97.00	163.13	259.33
Aged, Blind, Disabled	36.32	232.30	268.82
Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

San Francisco Health Plan, San Fran	cisco	acaj	
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	52.07	243.55	293.53
Youth Related	110.49	371.39	478.14
Aged, Blind, Disabled	35.71	386.50	421.94
Other Aid Codes	0.00	2,350.00	2,350.00
Blue Cross of California, San Francis	sco	,	,
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	50.52	269.77	317.28
Youth Related	92.22	328.95	417.23
Aged, Blind, Disabled	35.24	384.95	431.85
Other Aid Codes	0.00	0.00	0.00
Health Plan of San Joaquin, San Joa			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	49.00	193.06	240.93
Youth Related	95.79	228.14	321.65
Aged, Blind, Disabled	38.16	360.26	398.23
Other Aid Codes	1,000.00	6,000.00	7,000.00
Blue Cross of California, San Joaqui		5,5555	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	45.81	251.33	296.04
Youth Related	96.53	301.71	395.11
Aged, Blind, Disabled	30.15	381.57	439.54
Other Aid Codes	66.67	866.67	866.67
Santa Clara Family Health Plan, Sant			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	56.40	214.62	268.79
Youth Related	102.58	226.21	327.26
Aged, Blind, Disabled	61.93	447.82	513.34
Other Aid Codes	0.00	250.00	250.00
Blue Cross of California, Santa Clara	ı		
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	47.62	161.90	208.12
Youth Related	84.54	146.18	230.51
Aged, Blind, Disabled	38.59	316.53	355.49
Other Aid Codes	0.00	3,500.00	3,500.00
Blue Cross/Stanislaus Local Initiativ	e, Stanislaus		
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	42.71	289.69	326.54
Youth Related	74.93	292.77	352.60
Aged, Blind, Disabled	32.26	612.36	657.98
Other Aid Codes	0.00	1,000.00	1,000.00
Blue Cross of California LI, Tulare			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	46.90	554.01	596.70
Youth Related	77.14	586.68	655.06
Aged, Blind, Disabled	39.07	1,045.71	1,081.51
Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

Two Plan Model (continued)

Health Net, Tulare

Aid Code Category	Well Care	Primary Care	All Outpatient
Family	34.17	330.80	361.19
Youth Related	67.04	364.36	421.90
Aged, Blind, Disabled	24.40	579.15	602.67
Other Aid Codes	0.00	166.67	166.67
Blue Cross of California, Fresno			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	58.61	340.41	397.18
Youth Related	105.70	389.60	492.98
Aged, Blind, Disabled	43.07	600.12	643.97
Other Aid Codes	0.00	1,500.00	1,500.00
Health Net, Fresno			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	44.21	204.41	247.25
Youth Related	83.59	211.73	294.33
Aged, Blind, Disabled	34.00	310.47	343.41
Other Aid Codes	0.00	0.00	0.00
0		4 Dia	
-	Organized Health Sys	tem Plans	
Santa Barbara Health Initiative, San			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	62.19	217.43	276.14
Youth Related	144.47	249.80	388.27
Aged, Blind, Disabled	44.38	407.58	463.13
Other Aid Codes	12.63	577.02	589.65
Health Plan of San Mateo, San Mate		5 .	
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	58.55	203.85	258.02
Youth Related	117.33	223.61	334.36
Aged, Blind, Disabled	44.42	465.49	522.58
Other Aid Codes	73.42	1,886.92	1,959.49
Partnership Health Plan of Californi		Deimony Cons	All Outpations
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	40.19	173.67	213.00
Youth Related	59.18	144.09 300.21	203.05
Aged, Blind, Disabled	31.50		366.40
Other Aid Codes	41.24	453.61	494.85
Partnership Health Plan of Californi Aid Code Category	a, Napa Well Care	Primary Cara	All Outpationt
Family	47.54	Primary Care 157.41	All Outpatient 204.42
Youth Related	95.94	189.06	284.79
Aged, Blind, Disabled	37.25	262.22	330.81
Other Aid Codes	38.83	475.73	495.15
		475.73	495.15
Partnership Health Plan of Californi	•	Primary Cara	All Outpotions
Aid Code Category Family	Well Care 43.63	Primary Care 189.87	All Outpatient 232.33
Youth Related	43.03 68.17	162.69	232.33
Aged, Blind, Disabled	27.39	341.41	374.56
Other Aid Codes	31.39	627.80	650.22
Other Aid Godes	31.38	027.00	050.22

County Organized Health Systems (continued)

(By Aid Code Range)

CalOPTIMA, Orange			
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	64.99	209.05	272.20
Youth Related	117.61	215.34	331.53
Aged, Blind, Disabled	31.17	169.08	218.28
Other Aid Codes	697.53	6,461.40	7,117.81
Central Coast Alliance for Health,	Santa Cruz		
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	18.72	240.81	258.77
Youth Related	23.21	243.13	266.13
Aged, Blind, Disabled	29.08	344.62	391.82
Other Aid Codes	26.53	714.29	740.82
Central Coast Alliance for Health,	Monterey		
Aid Code Category	Well Care	Primary Care	All Outpatient
Family	17.49	261.32	277.30
Youth Related	18.04	290.47	306.76
Aged, Blind, Disabled	34.17	283.59	325.30
Other Aid Codes	18.91	1,063.83	1,082.74

Overall Totals

	Overall Totals		
All Medi-Cal			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	32.68	228.20	271.74
Hispanic	39.74	180.29	218.01
Black	32.44	174.85	210.58
Asian & Pacific Islander	40.24	223.50	264.24
Native American/Alaskan	29.74	269.27	299.52
Other	27.87	208.69	252.95
Missing/Invalid	73.13	300.76	381.06
Medi-Cal Fee-For-Service Progra			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	30.06	221.98	268.37
Hispanic	27.82	128.11	154.87
Black	28.83	195.48	236.29
Asian & Pacific Islander	32.18	230.08	265.18
Native American/Alaskan	28.23	289.60	318.70
Other	25.38	196.47	241.07
Missing/Invalid	77.75	262.88	348.07
Medi-Cal Managed Care (selected			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	36.83	237.46	276.55
Hispanic	50.44	227.10	274.62
Black	34.69	162.57	195.10
Asian & Pacific Islander	47.70	217.73	263.67
Native American/Alaskan	33.59	213.94	247.13
Other	36.99	253.81	296.78
Missing/Invalid	49.17	350.62	404.37
Geographic Managed Care		<u> </u>	
Ethnic Group	Well Care	Primary Care	All Outpatient
White	46.03	231.05	275.93
Hispanic	65.25	257.17	319.47
Black	42.19	177.90	219.02
Asian & Pacific Islander	47.66	177.57	223.57
Native American/Alaskan	43.39	216.81	260.27
Other	40.53	311.72	366.47
Missing/Invalid	57.78	406.00	470.88
Two Plan Model	Moll Core	Driman, Cara	All Outpotions
Ethnic Group White	Well Care 34.04	Primary Care 244.25	All Outpatient 276.61
Hispanic	46.91	224.71	268.45
Black	33.18	156.09	186.42
Asian & Pacific Islander	46.50	213.49	257.61
Native American/Alaskan	31.46	205.61	235.97
Other	38.34	263.28	300.44
Missing/Invalid	52.99	374.87	427.74
County Organized Health System		374.07	421.14
Ethnic Group	Well Care	Primary Care	All Outpatient
White	37.27	224.89	276.86
Hispanic	62.95	226.30	287.74
Black	38.01	208.62	250.24
Asian & Pacific Islander	50.82	251.34	301.94
Native American/Alaskan	34.33	250.77	287.65
Other	35.26	238.91	287.11
Missing/Invalid	43.46	314.23	366.73
Miconing/invalid	⊣ 0. − 0	317.20	300.73

Overall Totals (continued)

•	overali Totais (Contin	iueu)	
All Other Plan Codes			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	29.23	253.37	297.10
Hispanic	53.16	229.48	289.31
Black	15.73	111.10	182.15
Asian & Pacific Islander	24.84	158.64	195.63
Native American/Alaskan	28.58	369.76	399.03
Other	5.76	81.69	132.40
Missing/Invalid	19.79	191.88	239.97
Geo	graphic Managed Ca	re Plans	
Sharp Health Plan, San Diego			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	64.78	279.43	340.24
Hispanic	77.20	308.67	380.78
Black	57.71	214.61	269.78
Asian & Pacific Islander	61.34	229.98	289.27
Native American/Alaskan	61.95	279.10	339.69
Other	68.69	246.46	313.13
Missing/Invalid	74.48	479.45	566.68
Universal Care, San Diego			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	43.92	197.50	239.63
Hispanic	79.56	239.30	313.88
Black	41.96	154.35	195.49
Asian & Pacific Islander	58.00	191.35	246.73
Native American/Alaskan	46.19	224.02	267.90
Other	6.41	121.79	128.21
Missing/Invalid	64.93	362.69	432.84
Community Health Group, San Die	ego		
Ethnic Group	Well Care	Primary Care	All Outpatient
White	41.08	244.34	284.44
Hispanic	59.55	264.17	320.88
Black	35.59	172.15	206.52
Asian & Pacific Islander	33.07	127.18	159.94
Native American/Alaskan	47.06	282.35	327.45
Other	24.50	282.66	307.79
Missing/Invalid	54.28	386.19	444.62
Blue Cross of California, San Dieg	jo		
Ethnic Group	Well Care	Primary Care	All Outpatient
White	57.42	286.43	343.51
Hispanic	70.44	322.88	388.25
Black	43.32	233.45	274.34
Asian & Pacific Islander	66.05	255.29	318.11
Native American/Alaskan	50.96	108.28	154.99
Other	47.62	246.03	293.65
Missing/Invalid	56.73	622.82	708.85

Geographic Managed Care Plans (continued)

University of Cal-San Diego Heal	th Plan	no (continuou)	
Ethnic Group	Well Care	Primary Care	All Outpatient
White	42.74	213.94	259.05
Hispanic	73.88	250.44	322.14
Black	44.18	150.49	192.28
Asian & Pacific Islander	53.13	165.20	219.78
Native American/Alaskan	31.15	196.26	224.30
Other	27.40	239.73	986.30
Missing/Invalid	50.76	365.48	459.67
Health Net, San Diego			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	27.88	146.63	173.87
Hispanic	43.95	172.67	215.10
Black	23.05	94.20	116.38
Asian & Pacific Islander	32.95	110.77	142.24
Native American/Alaskan	8.82	67.65	76.47
Other	0.00	98.04	98.04
Missing/Invalid	34.81	278.45	313.25
Kaiser Foundation Health Plan, S	_		
Ethnic Group	Well Care	Primary Care	All Outpatient
White	39.47	387.19	430.61
Hispanic	34.09	294.93	328.56
Black	27.37	265.74	291.62
Asian & Pacific Islander	43.84	328.52	371.05
Native American/Alaskan	24.45	391.20	415.65
Other	82.14	464.29	542.86
Missing/Invalid	86.75	565.06	674.49
Molina Health Care of California,		Dimon	All O de alland
Ethnic Group White	Well Care 29.97	Primary Care 117.74	All Outpatient 147.40
	56.67	136.83	192.95
Hispanic Black	36.42	99.22	135.04
Asian & Pacific Islander	34.77	135.53	169.70
Native American/Alaskan	41.40	120.96	168.82
Other	2.40	218.23	225.42
Missing/Invalid	35.82	201.46	241.53
Western Health Advantage, Sacra		201.40	241.55
Ethnic Group	Well Care	Primary Care	All Outpatient
White	35.37	166.99	202.41
Hispanic	53.85	164.58	217.61
Black	36.52	148.87	185.38
Asian & Pacific Islander	39.58	168.29	207.96
Native American/Alaskan	43.36	185.28	229.96
Other	8.97	360.99	378.92
Missing/Invalid	53.46	357.86	418.87
Health Net, Sacramento			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	56.65	138.05	193.17
Hispanic	83.55	149.07	230.16
Black	74.04	113.60	186.43
Asian & Pacific Islander	59.59	127.42	185.20
Native American/Alaskan	52.87	140.23	192.34
Other	11.68	199.61	209.35
Missing/Invalid	55.24	237.86	298.03

Geographic Managed Care Plans (continued)

Geograpr	nic Managed Care Pia	ns (continuea)	
Kaiser, Sacramento			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	28.00	316.06	345.21
Hispanic	22.62	267.78	288.99
Black	19.90	247.82	267.23
Asian & Pacific Islander	35.12	265.35	297.48
Native American/Alaskan	33.33	317.78	357.78
Other	125.17	511.69	614.86
Missing/Invalid	58.70	467.46	522.43
Blue Cross of California, Sacram	ento		
Ethnic Group	Well Care	Primary Care	All Outpatient
White	46.97	223.59	268.74
Hispanic	65.55	242.17	307.22
Black	44.17	187.75	231.38
Asian & Pacific Islander	47.64	235.14	279.95
Native American/Alaskan	41.71	219.19	258.81
Other	36.46	342.13	385.57
Missing/Invalid	52.76	406.78	459.84
Wildshig/irivalia	32.70	400.70	455.04
	Two Plan Model Pla	ans	
Alameda Alliance for Health, Alai			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	63.89	270.72	331.21
Hispanic	110.21	331.19	434.66
Black	58.71	193.15	247.17
Asian & Pacific Islander	87.84	276.31	356.98
Native American/Alaskan	45.92	273.73	319.65
Other	67.47	439.11	544.31
Missing/Invalid	84.30	489.26	568.81
Blue Cross of California, Alamed		703.20	300.01
Ethnic Group	Well Care	Primary Care	All Outpatient
White	38.69	223.22	258.52
Hispanic	77.87	256.65	316.93
Black	38.59	157.23	194.68
Asian & Pacific Islander	54.76	238.59	288.66
Native American/Alaskan	21.19	248.31	267.80
	24.46	366.97	388.38
Other			436.15
Missing/Invalid	54.90	388.34	430.13
Contra Costa Health Plan, Contra		Drimon, Core	All Outpotiont
Ethnic Group White	Well Care 59.99	Primary Care 452.98	All Outpatient
			510.15 510.71
Hispanic	118.60	397.16	510.71
Black	55.03	336.88	388.44
Asian & Pacific Islander	65.94	376.41	438.31
Native American/Alaskan	54.63	464.34	512.90
Other	66.31	575.10	645.47
Missing/Invalid	73.55	692.83	760.09

Blue Cross of California, Contra Co	sta	ontinuou,	
Ethnic Group	Well Care	Primary Care	All Outpatient
White	42.83	175.26	217.68
Hispanic	62.83	205.15	265.00
Black	36.79	150.02	185.73
Asian & Pacific Islander	58.81	195.55	253.38
Native American/Alaskan	53.10	221.24	274.34
Other	0.00	187.50	187.50
Missing/Invalid	36.87	277.42	309.68
Kern Family Health Care, Kern			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	39.36	313.96	352.03
Hispanic	52.51	320.76	372.35
Black	38.34	210.80	248.63
Asian & Pacific Islander	48.49	279.59	327.62
Native American/Alaskan	31.96	295.94	327.60
Other	28.35	384.02	407.22
Missing/Invalid	52.46	480.42	534.62
Blue Cross of California, Kern			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	45.80	362.64	407.62
Hispanic	54.85	310.25	363.90
Black	41.16	251.43	291.91
Asian & Pacific Islander	51.81	296.02	346.62
Native American/Alaskan	45.88	388.61	429.52
Other	39.89	484.33	507.12
Missing/Invalid	44.87	519.79	561.44
LA CARE Health Plan, Los Angeles		5 .	
Ethnic Group	Well Care 24.46	Primary Care	All Outpatient
White		217.11	238.94
Hispanic	39.42	200.45	235.83
Black Asian & Pacific Islander	25.11	146.93	167.29
	29.39	204.14	231.21
Native American/Alaskan Other	26.93 33.96	169.63 245.66	195.52 274.95
	47.15		357.35
Missing/Invalid	47.10	313.14	357.35
Health Net, Los Angeles Ethnic Group	Well Care	Primary Care	All Outpatient
White	29.69	151.00	179.31
Hispanic	49.21	166.60	212.64
Black	31.04	106.07	135.16
Asian & Pacific Islander	43.69	163.29	204.53
Native American/Alaskan	33.06	148.62	179.62
Other	42.47	176.66	216.13
Missing/Invalid	49.38	242.54	292.90
Inland Empire Health Plan, Riversid		212.01	202.00
Ethnic Group	Well Care	Primary Care	All Outpatient
White	23.11	183.24	207.14
Hispanic	18.26	157.07	174.87
Black	17.46	139.50	156.95
Asian & Pacific Islander	20.83	162.92	183.21
Native American/Alaskan	17.33	142.03	161.42
Other	59.84	255.85	309.63
Missing/Invalid	38.70	335.87	376.95

Molina Health Care of California,	Riverside	ontinaca,	
Ethnic Group	Well Care	Primary Care	All Outpatient
White	42.43	157.19	199.54
Hispanic	62.51	174.43	236.37
Black	39.14	109.74	148.39
Asian & Pacific Islander	45.98	141.56	185.96
Native American/Alaskan	38.93	117.27	155.72
Other	49.34	246.71	296.05
Missing/Invalid	57.25	345.39	400.38
Inland Empire Health Plan, San B			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	24.06	180.37	203.66
Hispanic	20.63	183.32	203.08
Black	18.41	146.79	164.32
Asian & Pacific Islander	25.28	180.07	204.99
Native American/Alaskan	20.23	177.41	196.33
Other	69.38	355.66	420.26
Missing/Invalid	42.70	344.46	394.67
Molina Health Care of California,			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	43.77	141.74	184.69
Hispanic	58.60	168.75	226.49
Black	42.41	117.50	159.43
Asian & Pacific Islander	55.83	151.06	206.39
Native American/Alaskan	30.27	139.06	168.51
Other	17.48	181.82	199.30
Missing/Invalid	56.78	278.67	337.27
San Francisco Health Plan, San F			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	46.17	222.28	268.42
Hispanic	91.49	315.09	403.96
Black	39.37	178.13	216.27
Asian & Pacific Islander	46.16	294.07	337.43
Native American/Alaskan	34.69	193.06	226.24
Other	32.07	249.79	277.64
Missing/Invalid	46.05	390.74	436.26
Blue Cross of California, San Fra		Drimon, Cara	All Outpations
Ethnic Group White	Well Care 48.16	Primary Care 259.64	All Outpatient 304.95
Hispanic	65.46	290.44	353.59
Black	37.23	169.00	204.10
Asian & Pacific Islander	60.02	345.50	403.58
Native American/Alaskan	21.90	215.33	237.23
Other	31.86	398.23	426.55
Missing/Invalid	60.92	408.61	467.96
Health Plan of San Joaquin, San		400.01	407.90
Ethnic Group	Well Care	Primary Care	All Outpatient
White	42.89	210.90	252.59
Hispanic	59.23	210.00	267.51
Black	45.78	167.85	213.20
Asian & Pacific Islander	44.81	195.42	239.66
Native American/Alaskan	44.32	176.13	220.16
Other	37.89	435.36	480.68
Missing/Invalid	57.50	372.56	428.46
ivii33ii ig/ii ivaliu	37.30	372.30	720.40

Blue Cross of California, San Joaqu	ian moder riano (o iin	ontinaca,	
Ethnic Group	Well Care	Primary Care	All Outpatient
White	39.18	258.08	298.57
Hispanic	56.93	287.08	343.27
Black	40.63	204.55	244.46
Asian & Pacific Islander	51.25	233.83	284.86
Native American/Alaskan	32.61	256.99	289.60
Other	17.24	344.83	362.07
Missing/Invalid	48.48	360.57	405.82
Santa Clara Family Health Plan, Sar	nta Clara		
Ethnic Group	Well Care	Primary Care	All Outpatient
White	42.10	247.67	289.05
Hispanic	70.42	244.05	311.98
Black	39.03	208.48	246.87
Asian & Pacific Islander	55.51	146.24	199.92
Native American/Alaskan	38.08	222.19	257.62
Other	80.87	351.08	432.94
Missing/Invalid	73.67	526.68	599.72
Blue Cross of California, Santa Clar	ra		
Ethnic Group	Well Care	Primary Care	All Outpatient
White	39.78	250.93	289.68
Hispanic	52.72	217.89	269.93
Black	41.76	199.10	240.45
Asian & Pacific Islander	50.98	118.90	168.23
Native American/Alaskan	35.41	249.08	282.05
Other	25.46	182.87	208.33
Missing/Invalid	53.37	360.73	414.49
Blue Cross/Stanislaus Local Initiati	ve, Stanislaus		
Ethnic Group	Well Care	Primary Care	All Outpatient
White	38.60	319.36	355.64
Hispanic	50.01	312.40	352.83
Black	38.99	234.87	269.24
Asian & Pacific Islander	36.13	245.07	278.72
Native American/Alaskan	32.23	320.61	351.99
Other	37.50	502.08	537.50
Missing/Invalid	47.59	598.06	700.18
Blue Cross of California LI, Tulare			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	41.76	635.20	673.12
Hispanic	51.06	559.30	605.89
Black	36.04	493.54	520.26
Asian & Pacific Islander	35.03	454.42	486.39
Native American/Alaskan	36.26	313.99	349.40
Other	33.73	946.99	971.08
Missing/Invalid	72.53	1,090.34	1,152.15
Health Net, Tulare			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	24.36	357.01	377.79
Hispanic	39.72	335.56	371.05
Black	22.76	268.51	285.29
Asian & Pacific Islander	23.41	263.34	284.43
Native American/Alaskan	20.95	231.84	248.60
Other	32.26	532.26	564.52
Missing/Invalid	59.11	693.61	750.30

(By Ethnicity)

IWO	Plan Model Plans (co	ontinuea)	
Blue Cross of California, Fresno			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	53.28	362.63	413.09
Hispanic	63.59	391.57	453.27
Black	56.67	253.89	308.97
Asian & Pacific Islander	51.40	260.51	310.94
Native American/Alaskan	43.06	324.67	367.24
Other	29.81	733.19	810.77
Missing/Invalid	69.87	565.98	631.68
Health Net, Fresno			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	29.90	170.42	198.90
Hispanic	49.52	229.19	277.21
Black	40.69	107.95	147.99
Asian & Pacific Islander	48.94	164.83	213.30
Native American/Alaskan	22.02	128.32	150.34
Other	4.55	404.55	404.55
Missing/Invalid	72.62	350.34	419.04
gvana	. 2.02	333.31	
County	Organized Health Sy	stem Plans	
Santa Barbara Health Initiative, Sa	•		
Ethnic Group	Well Care	Primary Care	All Outpatient
White	46.72	309.30	364.17
Hispanic	72.91	238.84	308.32
Black	45.09	271.04	319.28
Asian & Pacific Islander	51.26	333.08	382.57
Native American/Alaskan	36.37	350.31	383.23
Other	52.36	347.74	414.08
Missing/Invalid	52.57	442.33	495.54
Health Plan of San Mateo, San Ma			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	42.26	336.64	394.82
Hispanic	77.13	273.11	344.86
Black	37.77	263.84	307.77
Asian & Pacific Islander	55.59	358.11	412.08
Native American/Alaskan	32.26	229.14	274.75
Other	55.11	486.30	547.69
Missing/Invalid	48.95	478.38	535.89
Partnership Health Plan of Califor		17 0.00	000.00
Ethnic Group	Well Care	Primary Care	All Outpatient
White	33.29	226.49	285.52
Hispanic	48.84	178.49	227.26
Black	36.62		239.90
		199.47	
Asian & Pacific Islander	38.06	218.18	258.06
Native American/Alaskan	32.90	243.36	282.58
Other	39.80	300.71	379.53
Missing/Invalid	39.55	323.51	385.82

County Organized Health System Plans (continued)

County Organized Health System Plans (continued)			
Partnership Health Plan of Cal			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	37.78	214.63	271.20
Hispanic	61.69	160.72	222.22
Black	47.20	169.41	231.61
Asian & Pacific Islander	39.17	244.59	294.69
Native American/Alaskan	37.70	143.63	197.49
Other	32.50	289.51	355.98
Missing/Invalid	39.37	329.19	386.20
Partnership Health Plan of Cal	ifornia, Yolo		
Ethnic Group	Well Care	Primary Care	All Outpatient
White	34.45	244.48	281.46
Hispanic	50.37	204.12	253.74
Black	34.41	165.02	199.03
Asian & Pacific Islander	36.83	229.30	265.24
Native American/Alaskan	28.61	239.68	267.82
Other	25.89	340.35	375.40
Missing/Invalid	34.70	399.73	438.27
CalOPTIMA, Orange			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	39.70	176.87	233.13
Hispanic	78.39	206.27	283.68
Black	45.79	174.41	223.17
Asian & Pacific Islander	53.03	234.23	287.01
Native American/Alaskan	46.92	197.55	247.59
Other	29.13	150.79	190.71
Missing/Invalid	44.95	235.11	289.99
Central Coast Alliance for Hea			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	22.68	279.81	314.06
Hispanic	20.57	255.67	276.14
Black	18.14	249.63	269.07
Asian & Pacific Islander	29.28	324.36	358.26
Native American/Alaskan	22.63	349.14	371.77
Other	33.89	329.08	397.35
Missing/Invalid	32.52	394.35	437.02
Central Coast Alliance for Hea			
Ethnic Group	Well Care	Primary Care	All Outpatient
White	23.75	237.84	269.46
Hispanic	18.93	275.79	293.47
Black	20.96	224.78	246.13
Asian & Pacific Islander	33.62	277.60	310.55
Native American/Alaskan	9.53	243.05	251.79
Other	32.19	259.62	300.19
Missing/Invalid	35.36	326.98	362.04
wildowig/invalid	30.00	020.00	002.04

_	Laboratory	X-Ray
Medi-Cal Program Rate	302.69	83.03
Medi-Cal Fee for Service Program	334.00	98.80
Medi-Cal Managed Care (selected plans)	268.25	65.88
· · · · · · · · · · · · · · · · · · ·		
Geographic Managed Care Rate	282.87	68.76
Sharp Health Plan, San Diego	291.20 243.29	84.89 69.91
Universal Care, San Diego Community Health Group, San Diego	245.29	59.63
Blue Cross of California, San Diego	320.16	88.12
University of Cal-San Diego Health Plan	395.48	73.22
Health Net, San Diego	185.25	55.09
Kaiser Foundation Health Plan, San Diego	396.90	8.24
Molina Health Care of California, Sacramento	222.22	45.18
Western Health Advantage, Sacramento	422.53	88.40
Health Net, Sacramento	146.73	68.77
Kaiser, Sacramento	461.66	71.02
Blue Cross of California, Sacramento	307.70	71.52
Two Plan Model Rate	269.63	58.69
Alameda Alliance for Health, Alameda	413.39	67.85
Blue Cross of California, Alameda	256.16	59.93
Contra Costa Health Plan, Contra Costa	379.10	65.08
Blue Cross of California, Contra Costa	233.39	56.67
Kern Family Health Care, Kern	299.30	58.14
Blue Cross of California, Kern	418.28	85.67
LA CARE Health Plan, Los Angeles	220.62	41.96
Health Net, Los Angeles	368.13	72.81
Inland Empire Health Plan, Riverside	130.86	70.50
Molina Health Care of California, Riverside	160.70	57.68
Inland Empire Health Plan, San Bernardino	160.98	66.34 56.21
Molina Health Care of California, San Bernardino San Francisco Health Plan, San Francisco	197.43 210.58	45.37
Blue Cross of California, San Francisco	273.12	68.48
Health Plan of San Joaquin, San Joaquin	247.93	56.96
Blue Cross of California, San Joaquin	301.87	72.65
Santa Clara Family Health Plan, Santa Clara	234.33	56.19
Blue Cross of California, Santa Clara	164.06	54.01
Blue Cross/Stanislaus Local Initiative, Stanislaus	303.31	89.65
Blue Cross of California LI, Tulare	317.10	71.71
Health Net, Tulare	190.06	36.80
Blue Cross of California, Fresno	340.63	69.79
Health Net, Fresno	185.80	41.74
County Organized Health Systems Rate	253.18	95.60
Santa Barbara Health Initiative, Santa Barbara	236.51	111.19
Health Plan of San Mateo, San Mateo	261.21	135.81
Partnership Health Plan of California, Solano	341.76 307.43	94.96 131.37
Partnership Health Plan of California, Napa	307.43	131.37
Partnership Health Plan of California, Yolo CalOPTIMA, Orange	246.69 256.33	91.99 86.81
Central Coast Alliance for Health, Santa Cruz	256.33 156.28	88.46
Central Coast Alliance for Health, Monterey	212.80	92.39
·		
Rate for All Other Plan Codes	210.07	76.69

(By Age Group)

Overall Totals

All Medi-Cal		
Age Range in Years	Laboratory	X-Ray
0 to < 1	228.34	62.89
1 to < 10	109.57	28.01
10 to < 20	173.80	42.47
20 to < 45	463.80	95.00
45 to < 65	763.59	194.09
65 to < 75	259.10	157.61
75 to < 85	182.60	161.52
85+	122.28	144.23
Medi-Cal Fee-For-Service Program		
Age Range in Years	Laboratory	X-Ray
0 to < 1	349.74	73.32
1 to < 10	101.11	26.90
10 to < 20	199.10	45.17
20 to < 45	415.42	85.46
45 to < 65	787.82	202.54
65 to < 75	249.88	155.78
75 to < 85	173.25	159.38
85+	116.40	143.94
Medi-Cal Managed Care (selected plans)		
Age Range in Years	Laboratory	X-Ray
0 to < 1	136.25	54.44
1 to < 10	113.46	28.48
10 to < 20	157.33	40.65
20 to < 45	533.80	108.53
45 to < 65	719.35	177.78
65 to < 75	323.13	172.87
75 to < 85	253.85	183.58
85+	170.42	156.66
Geographic Managed Care		
Age Range in Years	Laboratory	X-Ray
0 to < 1	179.99	58.35
1 to < 10	110.46	29.59
10 to < 20	154.97	44.91
20 to < 45	554.89	124.55
45 to < 65	808.35	178.44
65 to < 75	674.00	157.90
75 to < 85	607.46	132.43
85+	770.61	134.72
Two Plan Model		
Age Range in Years	Laboratory	X-Ray
0 to < 1	136.96	53.87
1 to < 10	114.72	28.15
10 to < 20	157.36	39.58
20 to < 45	547.22	103.54
45 to < 65	750.63	163.22
65 to < 75	692.41	133.61
75 to < 85	859.73	138.07
85+	853.93	131.76

(By Age Group)

Overall Totals (continued)

Overal	Il Totals (continued)	
County Organized Health Systems		
Age Range in Years	Laboratory	X-Ray
0 to < 1	115.29	54.42
1 to < 10	108.42	29.59
10 to < 20	159.45	43.47
20 to < 45	448.99	122.10
45 to < 65	607.34	214.51
65 to < 75	232.19	181.41
75 to < 85	181.34	189.90
85+	117.24	158.60
All other Plan Codes		
Age Range in Years	Laboratory	X-Ray
0 to < 1	81.39	56.64
1 to < 10	89.52	33.81
10 to < 20	136.02	53.75
20 to < 45	387.31	125.50
45 to < 65	496.98	190.77
65 to < 75	135.02	54.03
75 to < 85	101.39	40.31
85+	77.20	21.65
05+	11.20	21.05
Geograph	ic Managed Care Plans	
Sharp Health Plan, San Diego		
Age Range in Years	Laboratory	X-Ray
0 to < 1	307.36	73.59
1 to < 10	123.43	40.90
10 to < 20	166.41	62.35
20 to < 45	617.40	152.71
45 to < 65	697.83	231.87
65 to < 75	406.43	184.06
75 to < 85	494.60	282.37
85+	181.82	181.82
Universal Care, San Diego	101.02	101.02
Age Range in Years	Laboratory	X-Ray
0 to < 1	138.28	56.21
1 to < 10	114.76	39.03
10 to < 20	159.68	50.06
20 to < 45	531.37	133.06
45 to < 65	724.25	177.95
65 to < 75	437.09	288.08
75 to < 85	120.45	47.62
85+	101.45	86.96
Community Health Group, San Diego	101.43	00.90
Age Range in Years	Laboratory	X-Ray
0 to < 1	222.64	51.36
1 to < 10	117.83	28.66
10 to < 20	129.38	39.80
20 to < 45	467.70	117.88
45 to < 65	524.79	157.51
65 to < 75	178.85	128.52
75 to < 85	81.79 16.83	121.42
85+	16.83	81.35

(By Age Group)

Geographic Managed Care Plans (continued)

	laged Care Flans (Continued)	
Blue Cross of California, San Diego	Labaratan	V D
Age Range in Years	Laboratory	X-Ray
0 to < 1	163.77	87.04
1 to < 10	139.62	39.65
10 to < 20	183.49	63.33
20 to < 45	664.05	158.21
45 to < 65	905.52	228.15
65 to < 75	351.85	166.67
75 to < 85	78.43	186.27
85+	1,555.56	444.44
University of Cal-San Diego Health Plar		
Age Range in Years	Laboratory	X-Ray
0 to < 1	161.78	60.68
1 to < 10	128.85	33.34
10 to < 20	234.67	48.88
20 to < 45	806.65	132.28
45 to < 65	1,362.91	201.26
65 to < 75	435.37	121.09
75 to < 85	590.91	113.64
85+	140.00	180.00
Health Net, San Diego		
Age Range in Years	Laboratory	X-Ray
0 to < 1	103.75	60.59
1 to < 10	101.85	33.65
10 to < 20	120.88	39.52
20 to < 45	386.44	91.23
45 to < 65	394.05	131.67
65 to < 75	180.82	123.29
75 to < 85	271.79	71.79
85+	0.00	0.00
Kaiser Foundation Health Plan, San Die		
Age Range in Years	Laboratory	X-Ray
0 to < 1	93.07	4.69
1 to < 10	76.71	2.51
10 to < 20	145.09	5.44
20 to < 45	647.29	14.12
45 to < 65	1,147.44	16.33
65 to < 75	1,356.36	13.96
75 to < 85	1,431.19	16.54
85+	1,668.42	18.42
Molina Health Care of California, Sacrai	,	
Age Range in Years	Laboratory	X-Ray
0 to < 1	93.93	51.06
1 to < 10	67.98	19.26
10 to < 20	111.65	31.27
20 to < 45	341.04	80.80
45 to < 65	1,242.60	117.90
65 to < 75	223.25	40.59
75 to < 85	56.89	17.96
85+	95.89	0.00
	33.33	3.00

(By Age Group)

Geographic Managed Care Plans (continued)

	ed Care Plans (Continued)	
Western Health Advantage, Sacramento		
Age Range in Years	Laboratory	X-Ray
0 to < 1	128.68	40.71
1 to < 10	101.10	25.93
10 to < 20	201.66	49.86
20 to < 45	728.24	140.62
45 to < 65	1,391.67	271.41
65 to < 75	1,366.38	340.83
75 to < 85	1,330.29	246.74
85+	1,173.61	451.39
Health Net, Sacramento		
Age Range in Years	Laboratory	X-Ray
0 to < 1	75.39	43.14
1 to < 10	77.55	23.38
10 to < 20	109.22	40.25
20 to < 45	238.50	145.52
45 to < 65	344.37	147.54
65 to < 75	80.21	178.76
75 to < 85	293.44	116.39
85+	1,980.39	19.61
Kaiser, Sacramento	1,000.00	10.01
Age Range in Years	Laboratory	X-Ray
0 to < 1	149.73	33.45
1 to < 10	97.38	24.17
10 to < 20	195.00	42.63
20 to < 45	769.91	104.95
45 to < 65		193.76
	1,415.81	
65 to < 75	1,614.56	216.02
75 to < 85	1,761.32	222.16
85+	1,795.98	267.24
Blue Cross of California, Sacramento	Laboratan	V D
Age Range in Years	Laboratory	X-Ray
0 to < 1	128.24	57.00
1 to < 10	115.31	26.04
10 to < 20	173.87	45.81
20 to < 45	590.31	125.44
45 to < 65	771.17	186.70
65 to < 75	330.65	153.95
75 to < 85	162.97	138.86
85+	168.22	135.51
Two Dien Madel Diene		
Two Plan Model Plans		
Alameda Alliance for Health, Alameda		V.5
Age Range in Years	Laboratory	X-Ray
0 to < 1	200.45	51.44
1 to < 10	134.22	25.08
10 to < 20	191.61	38.28
20 to < 45	774.86	116.80
45 to < 65	1,194.65	192.83
65 to < 75	1,480.02	170.94
75 to < 85	1,458.30	177.74
85+	1,187.18	119.73

(By Age Group)

	dei Pialis (Colitilided)	
Blue Cross of California, Alameda		V.5
Age Range in Years	Laboratory	X-Ray
0 to < 1	215.52	58.01
1 to < 10	113.56	23.14
10 to < 20	148.85	37.59
20 to < 45	501.76	109.08
45 to < 65	511.29	150.39
65 to < 75	254.89	105.61
75 to < 85	215.17	59.96
85+	158.54	0.00
Contra Costa Health Plan, Contra Costa		
Age Range in Years	Laboratory	X-Ray
0 to < 1	247.78	48.53
1 to < 10	151.55	25.32
10 to < 20	210.45	44.50
20 to < 45	743.64	118.41
45 to < 65	917.47	161.09
65 to < 75	982.87	143.96
75 to < 85	1,253.16	179.60
85+	988.35	159.73
Blue Cross of California, Contra Costa		
Age Range in Years	Laboratory	X-Ray
0 to < 1	174.33	50.27
1 to < 10	126.97	25.36
10 to < 20	137.43	41.17
20 to < 45	496.29	114.13
45 to < 65	510.82	144.06
65 to < 75	598.80	173.65
75 to < 85	485.15	118.81
85+	35.71	71.43
	33.71	7 1. 4 3
Kern Family Health Care, Kern	Laboratory	X-Ray
Age Range in Years 0 to < 1	129.73	64.73
1 to < 10	108.52	28.05
10 to < 20	200.84	43.25
20 to < 45	629.70	96.94
45 to < 65	896.96	179.83
65 to < 75	329.11	124.47
75 to < 85	244.15	80.27
85+	307.69	57.69
Blue Cross of California, Kern		
Age Range in Years	Laboratory	X-Ray
0 to < 1	153.34	84.15
1 to < 10	126.91	35.96
10 to < 20	258.30	56.42
20 to < 45	834.34	142.30
45 to < 65	1,102.43	237.04
65 to < 75	335.60	152.49
75 to < 85	112.39	207.49
85+	68.49	82.19

(By Age Group)

	odei Pians (Continued)	
LA CARE Health Plan, Los Angeles		
Age Range in Years	Laboratory	X-Ray
0 to < 1	102.29	30.55
1 to < 10	90.61	19.71
10 to < 20	130.25	27.98
20 to < 45	449.00	77.97
45 to < 65	637.47	115.31
65 to < 75	702.62	80.26
75 to < 85	661.29	63.96
85+	947.59	85.40
Health Net, Los Angeles		
Age Range in Years	Laboratory	X-Ray
0 to < 1	203.62	69.95
1 to < 10	175.31	36.43
10 to < 20	210.72	49.12
20 to < 45	744.06	124.69
45 to < 65	1,089.34	228.04
65 to < 75	587.50	190.30
75 to < 85	767.03	213.09
85+	559.18	176.87
Inland Empire Health Plan, Riverside		
Age Range in Years	Laboratory	X-Ray
0 to < 1	45.63	56.87
1 to < 10	42.07	32.55
10 to < 20	78.85	50.31
20 to < 45	296.90	132.96
45 to < 65	420.53	211.60
65 to < 75	688.24	161.44
75 to < 85	823.49	120.63
85+	1,493.56	201.72
Molina Health Care of California, Riversion		201.72
Age Range in Years	Laboratory	X-Ray
0 to < 1	78.66	52.78
1 to < 10	85.97	30.58
10 to < 20	108.84	42.70
20 to < 45	334.55	109.25
45 to < 65	474.30	165.16
65 to < 75	400.86	136.49
75 to < 85	527.56	110.24
85+	153.85	128.21
Inland Empire Health Plan, San Bernardi		120.21
Age Range in Years	Laboratory	X-Ray
0 to < 1	74.66	57.86
1 to < 10	61.87	31.77
10 to < 20	88.76	46.15
20 to < 45	340.43	118.18
45 to < 65	485.67	197.22
65 to < 75	944.25	213.83
75 to < 85	1,270.98	190.67
85+	2,076.02	296.30
דטט	2,070.02	290.30

(By Age Group)

	ornardina	
Molina Health Care of California, San Be	Laboratory	X-Ray
Age Range in Years 0 to < 1	86.37	50.25
	82.40	
1 to < 10		27.93
10 to < 20	134.30	40.39
20 to < 45	427.01	106.27
45 to < 65	579.26	162.50
65 to < 75	373.58	78.43
75 to < 85	270.33	57.14
85+	1,396.83	190.48
San Francisco Health Plan, San Francis		
Age Range in Years	Laboratory	X-Ray
0 to < 1	108.21	31.15
1 to < 10	94.92	18.65
10 to < 20	116.66	26.87
20 to < 45	353.92	73.72
45 to < 65	427.54	114.93
65 to < 75	630.85	61.10
75 to < 85	815.22	35.70
85+	484.62	10.26
Blue Cross of California, San Francisco		
Age Range in Years	Laboratory	X-Ray
0 to < 1	161.40	51.33
1 to < 10	123.32	25.32
10 to < 20	150.47	34.84
20 to < 45	461.84	107.88
45 to < 65	572.64	173.72
65 to < 75	191.68	101.78
75 to < 85	61.95	67.26
85+	4.88	68.29
Health Plan of San Joaquin, San Joaqui		
Age Range in Years	Laboratory	X-Ray
0 to < 1	150.81	57.77
1 to < 10	128.15	30.48
10 to < 20	154.62	39.25
20 to < 45	479.53	96.25
45 to < 65	555.25	138.06
65 to < 75	238.22	120.23
75 to < 85	151.58	90.53
85+	0.00	0.00
Blue Cross of California, San Joaquin	0.00	0.00
Age Range in Years	Laboratory	X-Ray
0 to < 1	166.56	67.57
1 to < 10	136.78	34.47
10 to < 20	180.40	53.71
20 to < 45	592.50	128.56
45 to < 65	846.38	181.90
45 to < 75	629.72	
		136.79
75 to < 85	159.42	166.67
85+	0.00	0.00

(By Age Group)

	ouer Plans (Continueu)	
Santa Clara Family Health Plan, Santa Cl		
Age Range in Years	Laboratory	X-Ray
0 to < 1	134.35	50.18
1 to < 10	107.87	28.65
10 to < 20	132.05	36.56
20 to < 45	428.47	93.12
45 to < 65	547.29	137.91
65 to < 75	963.41	166.07
75 to < 85	1,437.18	164.23
85+	1,278.92	148.97
Blue Cross of California, Santa Clara		
Age Range in Years	Laboratory	X-Ray
0 to < 1	129.73	53.43
1 to < 10	102.22	29.88
10 to < 20	91.86	27.43
20 to < 45	287.39	84.66
45 to < 65	243.79	110.91
65 to < 75	335.38	110.38
75 to < 85	470.51	117.96
85+	488.37	93.02
Blue Cross/Stanislaus Local Initiative, St		00.02
Age Range in Years	Laboratory	X-Ray
0 to < 1	175.22	101.06
1 to < 10	116.51	40.23
10 to < 20	180.01	60.23
20 to < 45	620.80	157.18
45 to < 65	738.03	215.92
	178.74	
65 to < 75		168.01
75 to < 85	193.42	255.14
85+	271.19	220.34
Blue Cross of California LI, Tulare		V.5
Age Range in Years	Laboratory	X-Ray
0 to < 1	183.82	89.76
1 to < 10	129.35	39.73
10 to < 20	197.01	48.36
20 to < 45	646.14	115.01
45 to < 65	815.78	188.32
65 to < 75	206.87	185.57
75 to < 85	71.43	193.88
85+	0.00	166.67
Health Net, Tulare		
Age Range in Years	Laboratory	X-Ray
0 to < 1	112.32	51.13
1 to < 10	97.69	22.53
10 to < 20	125.86	25.80
20 to < 45	384.63	60.85
45 to < 65	417.57	86.77
65 to < 75	363.97	58.82
75 to < 85	250.00	55.56
85+	0.00	0.00
		-

(By Age Group)

Two Plan N	Model Plans (continued)	
Blue Cross of California, Fresno		
Age Range in Years	Laboratory	X-Ray
0 to < 1	167.42	82.16
1 to < 10	131.36	35.23
10 to < 20	190.86	45.79
20 to < 45	720.63	116.79
45 to < 65	867.54	183.06
65 to < 75	368.67	140.04
75 to < 85	488.06	138.99
85+	148.26	104.65
Health Net, Fresno	140.20	104.00
Age Range in Years	Laboratory	X-Ray
0 to < 1	122.41	55.99
1 to < 10	91.86	23.87
10 to < 20	123.72	31.35
20 to < 45	378.46	67.71
45 to < 65	411.74	101.09
65 to < 75	69.96	78.41
75 to < 85	39.60	39.60
85+	0.00	0.00
County Organ	nized Health System Plans	
, ,	nized Health System Plans	
Santa Barbara Health Initiative, Santa B		V D
Age Range in Years	Laboratory	X-Ray
0 to < 1	60.13	64.46
1 to < 10	80.35	29.59
10 to < 20	145.22	50.29
20 to < 45	404.60	129.86
45 to < 65	588.00	258.83
65 to < 75	232.99	269.66
75 to < 85	189.19	294.44
85+	137.81	225.31
Health Plan of San Mateo, San Mateo		
Age Range in Years	Laboratory	X-Ray
0 to < 1	135.58	70.00
1 to < 10	98.03	31.31
10 to < 20	131.48	47.62
20 to < 45	459.76	139.97
45 to < 65	661.28	272.22
65 to < 75	293.06	236.42
75 to < 85	196.66	256.83
85+	113.10	232.67
Partnership Health Plan of California, Se		202.01
Age Range in Years	Laboratory	X-Ray
0 to < 1	121.62	45.74
1 to < 10	85.25	25.32
10 to < 20	147.51	44.63
20 to < 45	487.38	
		120.24
45 to < 65	806.44	209.63
65 to < 75	630.53	184.53
75 to < 85	573.07	199.29
85+	446.17	176.34

(By Age Group)

County Organized Health System Plans (continued)

	Maria	4)
Partnership Health Plan of California,	•	
Age Range in Years	Laboratory	X-Ray
0 to < 1	99.93	45.16
1 to < 10	103.90	35.58
10 to < 20	166.03	54.89
20 to < 45	447.49	146.94
45 to < 65	619.09	289.44
65 to < 75	527.23	285.41
75 to < 85	417.39	258.94
85+	233.94	187.10
Partnership Health Plan of California,	folo	
Age Range in Years	Laboratory	X-Ray
0 to < 1	86.43	54.87
1 to < 10	94.19	27.62
10 to < 20	119.53	39.93
20 to < 45	345.42	118.85
45 to < 65	608.07	191.57
65 to < 75	329.21	183.67
75 to < 85	231.78	174.04
85+	127.85	117.62
CalOPTIMA, Orange	121.00	2
Age Range in Years	Laboratory	X-Ray
0 to < 1	117.84	45.32
1 to < 10	125.55	28.07
10 to < 20	177.16	41.00
20 to < 45	495.87	120.52
45 to < 65	629.09	198.28
65 to < 75	178.21	154.72
75 to < 85	125.79	159.83
85+	72.87	136.04
		130.04
Central Coast Alliance for Health, Sant Age Range in Years	Laboratory	X-Ray
0 to < 1	105.54	63.78
1 to < 10	76.17	30.70
10 to < 20	135.08	47.10
20 to < 45	251.35 270.42	113.70
45 to < 65	270.42	186.10
65 to < 75	95.18	157.56
75 to < 85	72.36	129.48
85+	60.11	80.35
Central Coast Alliance for Health, Mon	•	
Age Range in Years	Laboratory	X-Ray
0 to < 1	145.53	80.48
1 to < 10	87.82	38.04
10 to < 20	144.73	43.66
20 to < 45	402.82	112.61
45 to < 65	502.26	224.38
65 to < 75	137.32	201.14
75 to < 85	117.79	194.27
85+	83.60	128.29

(By Aid Code Range)

Overall Totals

All Medi-Cal		
Aid Code Category	Laboratory	X-Ray
Family	254.22	57.36
Youth Related	132.59	31.62
Aged, Blind, Disabled	492.75	169.81
Other Aid Codes	979.89	522.10
Medi-Cal Fee-For-Service Program		
Aid Code Category	Laboratory	X-Ray
Family	256.99	55.59
Youth Related	126.89	27.91
Aged, Blind, Disabled	478.49	171.38
Other Aid Codes	839.75	221.57
Medi-Cal Managed Care (selected plans)		
Aid Code Category	Laboratory	X-Ray
Family	251.35	58.08
Youth Related	137.77	35.16
Aged, Blind, Disabled	555.59	159.69
Other Aid Codes	3,622.68	6,250.46
Geographic Managed Care	3,3==:33	5,255115
Aid Code Category	Laboratory	X-Ray
Family	248.36	63.77
Youth Related	160.07	44.47
Aged, Blind, Disabled	877.34	161.31
Other Aid Codes	714.29	142.86
Two Plan Model	20	112.00
Aid Code Category	Laboratory	X-Ray
Family	259.50	56.98
Youth Related	137.19	33.20
Aged, Blind, Disabled	805.22	155.85
Other Aid Codes	2,601.23	441.72
County Organized Health Systems	_,	
Aid Code Category	Laboratory	X-Ray
Family	202.66	60.07
Youth Related	129.54	38.71
Aged, Blind, Disabled	380.37	161.51
Other Aid Codes	3,682.42	6,540.06
All Other Plan Codes	-,	5,5 15155
Aid Code Category	Laboratory	X-Ray
Family	187.82	69.99
Youth Related	92.10	39.29
Aged, Blind, Disabled	262.73	92.98
Other Aid Codes	1,264.71	323.53
	.,	020.00

(By Aid Code Range)

Geographic Managed Care Plans

Geographic Mana	aged Care Flairs	
Sharp Health Plan, San Diego		
Aid Code Category	Laboratory	X-Ray
Family	286.47	83.25
Youth Related	173.51	52.58
Aged, Blind, Disabled	649.73	190.58
Other Aid Codes	0.00	0.00
Universal Care, San Diego		
Aid Code Category	Laboratory	X-Ray
Family	236.08	68.68
Youth Related	135.10	46.69
Aged, Blind, Disabled	693.14	160.66
Other Aid Codes	0.00	0.00
Community Health Group, San Diego		
Aid Code Category	Laboratory	X-Ray
Family	205.57	55.80
Youth Related	139.98	36.65
Aged, Blind, Disabled	491.42	149.10
Other Aid Codes	916.67	416.67
Blue Cross of California, San Diego		
Aid Code Category	Laboratory	X-Ray
Family	321.62	88.99
Youth Related	168.08	53.36
Aged, Blind, Disabled	855.17	196.81
Other Aid Codes	250.00	0.00
University of Cal-San Diego Health Plan		
Aid Code Category	Laboratory	X-Ray
Family	346.76	68.60
Youth Related	199.09	48.93
Aged, Blind, Disabled	1,519.42	190.97
Other Aid Codes	66.67	0.00
Health Net, San Diego		
Aid Code Category	Laboratory	X-Ray
Family	183.75	54.91
Youth Related	111.03	41.44
Aged, Blind, Disabled	506.25	111.73
Other Aid Codes	0.00	0.00
Kaiser Foundation Health Plan, San Diego		
Aid Code Category	Laboratory	X-Ray
Family	265.55	9.36
Youth Related	128.07	3.84
Aged, Blind, Disabled	1,093.48	4.08
Other Aid Codes	0.00	0.00
Molina Health Care of California, Sacramento	0.00	0.00
Aid Code Category	Laboratory	X-Ray
Family	156.10	42.69
Youth Related	152.40	32.19
Aged, Blind, Disabled	1,206.16	88.75
Other Aid Codes	0.00	0.00
Other Ald Oddes	0.00	0.00

(By Aid Code Range)

Geographic Managed Care (continued)

<u> </u>	wanaged Care (Continued)	
Western Health Advantage, Sacrament		
Aid Code Category	Laboratory	X-Ray
Family	315.94	69.50
Youth Related	210.24	47.48
Aged, Blind, Disabled	1,315.72	247.90
Other Aid Codes	0.00	0.00
Health Net, Sacramento		
Aid Code Category	Laboratory	X-Ray
Family	134.40	63.34
Youth Related	112.13	64.97
Aged, Blind, Disabled	415.01	179.10
Other Aid Codes	0.00	0.00
Kaiser, Sacramento		
Aid Code Category	Laboratory	X-Ray
Family	326.29	54.57
Youth Related	158.35	31.87
Aged, Blind, Disabled	1,201.43	161.42
Other Aid Codes	0.00	0.00
Blue Cross of California, Sacramento		
Aid Code Category	Laboratory	X-Ray
Family	277.30	65.07
Youth Related	195.79	41.70
Aged, Blind, Disabled	830.94	186.15
Other Aid Codes	0.00	0.00
Two	Plan Model Plans	
_	riali Wodel Flatis	
Alameda Alliance for Health, Alameda	Labaratan	V D
Aid Code Category	Laboratory 360.89	X-Ray 60.33
Family Youth Related	200.52	32.16
	1,192.99	183.58
Aged, Blind, Disabled Other Aid Codes	5,000.00	6,000.00
Blue Cross of California, Alameda	5,000.00	0,000.00
Aid Code Category	Laboratory	X-Ray
Family	Laboratory 242.02	56.29
Youth Related	173.80	36.10
Aged, Blind, Disabled	605.62	153.48
Other Aid Codes	1,333.33	222.22
Contra Costa Health Plan, Contra Cost		222.22
		V Day
Aid Code Category Family	Laboratory	X-Ray 57.11
Youth Related	328.04 214.05	34.64
		162.99
Aged, Blind, Disabled	988.35 1.105.36	
Other Aid Codes	1,105.26	421.05
Blue Cross of California, Contra Costa		V.D.
Aid Code Category	Laboratory	X-Ray
Family Youth Bolated	229.11	55.44
Youth Related	154.08	37.26
Aged, Blind, Disabled	497.35	125.31
Other Aid Codes	0.00	0.00

(By Aid Code Range)

Two Plan Model (continued)

	der (continued)	
Kern Family Health Care, Kern		
Aid Code Category	Laboratory	X-Ray
Family	284.71	54.96
Youth Related	182.12	37.17
Aged, Blind, Disabled	764.87	154.14
Other Aid Codes	2,434.78	260.87
Blue Cross of California, Kern		
Aid Code Category	Laboratory	X-Ray
Family	383.59	77.18
Youth Related	238.69	49.30
Aged, Blind, Disabled	921.51	204.86
Other Aid Codes	2,500.00	83.33
LA CARE Health Plan, Los Angeles		
Aid Code Category	Laboratory	X-Ray
Family	217.15	42.17
Youth Related	102.20	22.52
Aged, Blind, Disabled	727.69	99.30
Other Aid Codes	457.45	95.74
Health Net, Los Angeles		
Aid Code Category	Laboratory	X-Ray
Family	366.13	71.79
Youth Related	188.72	42.10
Aged, Blind, Disabled	1,055.03	212.83
Other Aid Codes	12,170.73	609.76
Inland Empire Health Plan, Riverside	,	
Aid Code Category	Laboratory	X-Ray
Family	121.47	69.13
Youth Related	62.84	42.99
Aged, Blind, Disabled	483.69	159.24
Other Aid Codes	1,333.33	904.76
Molina Health Care of California, Riverside	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Aid Code Category	Laboratory	X-Ray
Family	162.23	57.86
Youth Related	95.80	39.14
Aged, Blind, Disabled	434.56	146.97
Other Aid Codes	0.00	0.00
Inland Empire Health Plan, San Bernardino		
Aid Code Category	Laboratory	X-Ray
Family	144.04	63.71
Youth Related	91.55	41.26
Aged, Blind, Disabled	614.09	155.27
Other Aid Codes	400.00	100.00
Molina Health Care of California, San Bernard		.00.00
Aid Code Category	Laboratory	X-Ray
Family	193.96	55.55
Youth Related	105.66	36.10
Aged, Blind, Disabled	485.09	116.55
Other Aid Codes	0.00	0.00
Other Ald Codes	0.00	0.00

(By Aid Code Range)

Two Plan Model (continued)

San Francisco Health Plan, San Francisco	ici (continuca)	
Aid Code Category	Laboratory	X-Ray
Family	184.94	42.92
Youth Related	90.87	17.89
Aged, Blind, Disabled	708.67	115.23
Other Aid Codes	2,300.00	
	2,300.00	1,200.00
Blue Cross of California, San Francisco	Laboratan	V D
Aid Code Category	Laboratory	X-Ray
Family	261.97	66.76
Youth Related	158.41	28.84
Aged, Blind, Disabled	594.35	150.66
Other Aid Codes	0.00	0.00
Health Plan of San Joaquin, San Joaquin		V.5
Aid Code Category	Laboratory	X-Ray
Family	231.83	53.69
Youth Related	172.65	39.99
Aged, Blind, Disabled	542.61	118.09
Other Aid Codes	0.00	0.00
Blue Cross of California, San Joaquin		
Aid Code Category	Laboratory	X-Ray
Family	290.58	70.25
Youth Related	188.96	44.54
Aged, Blind, Disabled	735.96	170.08
Other Aid Codes	0.00	666.67
Santa Clara Family Health Plan, Santa Clara		
Aid Code Category	Laboratory	X-Ray
Family	208.44	53.42
Youth Related	108.57	30.55
Aged, Blind, Disabled	1,069.57	175.13
Other Aid Codes	333.33	83.33
Blue Cross of California, Santa Clara		
Aid Code Category	Laboratory	X-Ray
Family	153.94	52.12
Youth Related	86.90	23.62
Aged, Blind, Disabled	496.28	143.71
Other Aid Codes	5,000.00	500.00
Blue Cross/Stanislaus Local Initiative, Stanisla	aus	
Aid Code Category	Laboratory	X-Ray
Family	281.91	83.47
Youth Related	174.31	53.90
Aged, Blind, Disabled	738.50	213.79
Other Aid Codes	1,500.00	1,500.00
Blue Cross of California LI, Tulare		
Aid Code Category	Laboratory	X-Ray
Family	307.48	68.34
Youth Related	221.09	48.96
Aged, Blind, Disabled	793.05	218.70
Other Aid Codes	0.00	0.00
		2.00

(By Aid Code Range)

Two Plan Model (continued)

i wo Pian iv	iloaei (continuea)	
Health Net, Tulare		
Aid Code Category	Laboratory	X-Ray
Family	185.36	35.72
Youth Related	142.77	29.59
Aged, Blind, Disabled	582.92	115.31
Other Aid Codes	833.33	166.67
Blue Cross of California, Fresno		
Aid Code Category	Laboratory	X-Ray
Family	320.59	64.76
Youth Related	208.47	51.33
Aged, Blind, Disabled	814.85	178.68
Other Aid Codes	1,500.00	800.00
Health Net, Fresno	,	
Aid Code Category	Laboratory	X-Ray
Family	180.29	40.35
Youth Related	118.97	30.66
Aged, Blind, Disabled	537.13	118.29
Other Aid Codes	0.00	0.00
Culoi 7 lid Codoo	0.00	0.00
County Organize	d Health System Plans	
Santa Barbara Health Initiative, Santa Barba	ara	
Aid Code Category	Laboratory	X-Ray
Family	189.58	62.97
Youth Related	123.01	48.12
Aged, Blind, Disabled	376.54	244.57
Other Aid Codes	1,196.97	472.22
Health Plan of San Mateo, San Mateo		
Aid Code Category	Laboratory	X-Ray
Family	206.31	66.28
Youth Related	122.51	43.53
Aged, Blind, Disabled	347.17	223.14
Other Aid Codes	1,776.37	2,522.36
Partnership Health Plan of California, Solar		,
Aid Code Category	Laboratory	X-Ray
Family	218.75	62.07
Youth Related	131.59	37.68
Aged, Blind, Disabled	628.39	171.55
Other Aid Codes	969.07	752.58
Partnership Health Plan of California, Napa		
Aid Code Category	Laboratory	X-Ray
Family	209.63	74.73
Youth Related	99.38	42.07
Aged, Blind, Disabled	512.35	241.57
Other Aid Codes	708.74	854.37
Partnership Health Plan of California, Yolo	7 00.1 1	001.01
Aid Code Category	Laboratory	X-Ray
Family	172.97	60.37
Youth Related	105.16	39.28
Aged, Blind, Disabled	445.32	175.25
Other Aid Codes	1,197.31	578.48
Other Ald Oddes	1,187.51	570. 4 0

(By Aid Code Range)

County Organized Health Systems (continued)

CalOPTIMA, Orange		
Aid Code Category	Laboratory	X-Ray
Family	213.47	56.38
Youth Related	138.22	35.15
Aged, Blind, Disabled	362.25	124.44
Other Aid Codes	5,736.13	10,930.88
Central Coast Alliance for Health, Santa Cruz		
Aid Code Category	Laboratory	X-Ray
Family	131.23	64.60
Youth Related	103.02	45.20
Aged, Blind, Disabled	220.57	146.69
Other Aid Codes	418.37	557.14
Central Coast Alliance for Health, Monterey		
Aid Code Category	Laboratory	X-Ray
Family	192.56	65.00
Youth Related	112.56	45.11
Aged, Blind, Disabled	307.11	190.73
Other Aid Codes	867.61	794.33

Overall Totals

All Medi-Cal		
Ethnic Group	Laboratory	X-Ray
White	368.36	120.93
Hispanic	247.95	57.52
Black	351.77	84.44
Asian & Pacific Islander	297.88	86.70
Native American/Alaskan	335.30	111.50
Other	329.34	136.84
Missing/Invalid	525.50	172.88
Medi-Cal Fee-For-Service Program		
Ethnic Group	Laboratory	X-Ray
White	391.27	137.79
Hispanic	259.76	59.93
Black	452.27	119.08
Asian & Pacific Islander	358.70	117.10
Native American/Alaskan	347.33	121.44
Other	321.30	141.06
Missing/Invalid	475.87	163.26
Medi-Cal Managed Care (selected plans)		
Ethnic Group	Laboratory	X-Ray
White	334.74	95.10
Hispanic	237.65	55.35
Black	291.41	63.54
Asian & Pacific Islander	242.55	58.92
Native American/Alaskan	309.96	87.35
Other	361.00	124.16
Missing/Invalid	554.24	156.96
Geographic Managed Care	l abandan .	V D
Ethnic Group White	Laboratory 336.63	X-Ray 84.1 4
	234.39	60.55
Hispanic Black	234.39 314.96	71.52
Asian & Pacific Islander	205.94	47.17
Native American/Alaskan	349.65	96.34
Other	616.61	104.95
Missing/Invalid	843.40	152.19
Two Plan Model	043.40	132.19
Ethnic Group	Laboratory	X-Ray
White	347.41	84.44
Hispanic	242.84	53.01
Black	285.36	59.02
Asian & Pacific Islander	250.30	45.98
Native American/Alaskan	293.93	76.56
Other	446.26	89.51
Missing/Invalid	639.43	125.67
County Organized Health Systems		
Ethnic Group	Laboratory	X-Ray
White	301.32	129.98
Hispanic	210.55	65.79
Black	316.74	100.72
Asian & Pacific Islander	243.37	98.78
Native American/Alaskan	348.26	130.01
Other	248.76	162.79
Missing/Invalid	407.82	190.79
-		

Overall Totals (continued)

Overall	Totals (continued)	
All Other Plan Codes		
Ethnic Group	Laboratory	X-Ray
White	247.39	92.12
Hispanic	145.35	57.13
Black	188.32	56.55
Asian & Pacific Islander	185.64	60.67
Native American/Alaskan	224.30	93.36
Other	146.38	34.81
Missing/Invalid	260.15	86.01
Geographi	c Managed Care Plans	
Sharp Health Plan, San Diego		
Ethnic Group	Laboratory	X-Ray
White	347.37	108.25
Hispanic	256.89	72.23
Black	317.52	87.02
Asian & Pacific Islander	230.33	66.38
Native American/Alaskan	491.49	117.77
Other	329.29	90.91
Missing/Invalid	547.39	181.01
Universal Care, San Diego		
Ethnic Group	Laboratory	X-Ray
White	274.50	85.10
Hispanic	201.74	59.11
Black	313.06	77.34
Asian & Pacific Islander	239.84	64.65
Native American/Alaskan	418.01	237.88
Other	44.87	6.41
Missing/Invalid	782.84	152.99
Community Health Group, San Diego		
Ethnic Group	Laboratory	X-Ray
White	271.47	86.85
Hispanic	208.57	56.95
Black	252.91	63.57
Asian & Pacific Islander	142.60	33.92
Native American/Alaskan	288.24	117.65
	236.81	
Other		96.11
Missing/Invalid	557.46	143.54
Blue Cross of California, San Diego		
Ethnic Group	Laboratory	X-Ray
White	369.52	104.41
Hispanic	263.26	74.09
Black	342.30	94.25
Asian & Pacific Islander	301.11	76.44
Native American/Alaskan	195.33	59.45
Other	119.05	71.43
Missing/Invalid	1,217.58	192.02

Geographic Managed Care Plans (continued)

University of Cal-San Diego Health Plan	a daro i lano (dontinada)	
Ethnic Group	Laboratory	X-Ray
White	489.87	99.97
Hispanic	287.65	55.58
Black	504.15	84.69
Asian & Pacific Islander	472.52	63.11
Native American/Alaskan	420.56	112.15
Other	726.03	95.89
Missing/Invalid	1,116.75	197.41
Health Net, San Diego	,	
Ethnic Group	Laboratory	X-Ray
White	204.12	69.17
Hispanic	164.16	47.48
Black	188.09	59.03
Asian & Pacific Islander	189.39	42.15
Native American/Alaskan	73.53	67.65
Other	156.86	78.43
Missing/Invalid	840.70	83.00
Kaiser Foundation Health Plan, San Diego		
Ethnic Group	Laboratory	X-Ray
White	438.76	8.56
Hispanic	303.99	8.86
Black	319.41	6.62
Asian & Pacific Islander	453.60	7.35
Native American/Alaskan	767.73	12.22
Other	1,241.07	5.36
Missing/Invalid	1,103.46	13.13
Molina Health Care of California, Sacramento		
Ethnic Group	Laboratory	X-Ray
White	377.15	57.20
Hispanic	166.59	39.96
Black	190.63	49.17
Asian & Pacific Islander	131.35	30.57
Native American/Alaskan	164.29	42.69
Other	359.71	79.14
Missing/Invalid	398.31	78.97
Western Health Advantage, Sacramento		
Ethnic Group	Laboratory	X-Ray
White	405.05	90.22
Hispanic	326.06	74.29
Black	421.88	83.19
Asian & Pacific Islander	489.32	89.26
Native American/Alaskan	611.04	141.92
Other	1,737.67	320.63
Missing/Invalid	1,166.67	221.38
Health Net, Sacramento		
Ethnic Group	Laboratory	X-Ray
White	192.14	97.14
Hispanic	157.42	76.39
Black	189.04	86.71
Asian & Pacific Islander	82.01	39.57
Native American/Alaskan	84.29	61.30
Other	152.87	41.87
Missing/Invalid	972.55	166.08

(By Ethnicity)

Geographic Managed Care Plans (continued)

Geographic Manage	d Care Plans (Continued)	
Kaiser, Sacramento		
Ethnic Group	Laboratory	X-Ray
White	478.26	79.26
Hispanic	375.25	60.40
•		
Black	411.67	59.57
Asian & Pacific Islander	497.17	66.90
Native American/Alaskan	516.30	91.85
Other	1,372.76	154.06
Missing/Invalid	1,106.76	154.99
Blue Cross of California, Sacramento	1,100.70	104.00
•	Laboratory	V D
Ethnic Group	Laboratory	X-Ray
White	314.35	79.55
Hispanic	259.10	58.55
Black	340.98	77.00
Asian & Pacific Islander	266.00	51.75
Native American/Alaskan	350.99	105.11
Other	686.58	138.09
Missing/Invalid	901.89	158.68
T Die	- Madal Dlane	
	n Model Plans	
Alameda Alliance for Health, Alameda		
Ethnic Group	Laboratory	X-Ray
White	516.31	93.15
Hispanic	341.70	52.70
Black	377.86	69.79
Asian & Pacific Islander	435.41	61.20
Native American/Alaskan	431.79	100.66
Other	1,327.04	196.68
Missing/Invalid	1,014.61	131.20
Blue Cross of California, Alameda		
Ethnic Group	Laboratory	X-Ray
White	291.58 [°]	73.20
Hispanic	217.62	47.48
•		
Black	274.54	63.88
Asian & Pacific Islander	207.90	49.31
Native American/Alaskan	160.17	93.22
Other	446.48	116.21
Missing/Invalid	548.74	101.48
Contra Costa Health Plan, Contra Costa	5 . 5	
Ethnic Group	Laboratory	X-Ray
•	•	-
White	440.77	85.81
Hispanic	295.25	45.68
Black	406.99	66.71
Asian & Pacific Islander	327.09	54.25
Native American/Alaskan	467.37	69.80
Other	1,569.69	288.23
		119.22
Missing/Invalid	700.36	119.22

Blue Cross of California, Contra Costa	or rano (oonanaoa)	
Ethnic Group	Laboratory	X-Ray
White	266.95	68.07
Hispanic	183.46	43.34
Black	240.83	60.64
Asian & Pacific Islander	233.58	47.74
Native American/Alaskan	415.93	70.80
Other	250.00	0.00
Missing/Invalid	468.20	104.15
Kern Family Health Care, Kern		
Ethnic Group	Laboratory	X-Ray
White	342.98	84.63
Hispanic	276.15	48.28
Black	326.02	58.06
Asian & Pacific Islander	344.56	64.31
Native American/Alaskan	300.25	68.84
Other	953.61	126.29
Missing/Invalid	556.61	132.50
Blue Cross of California, Kern		
Ethnic Group	Laboratory	X-Ray
White	467.71	113.07
Hispanic	371.17	67.03
Black	430.51	80.67
Asian & Pacific Islander	416.77	76.12
Native American/Alaskan	642.34	122.72
Other	1,509.97	151.00
Missing/Invalid	819.83	186.38
LA CARE Health Plan, Los Angeles		
Ethnic Group	Laboratory	X-Ray
White	415.09	68.75
Hispanic	178.51	36.56
Black	222.08	43.80
Asian & Pacific Islander	245.89	37.55
Native American/Alaskan	254.69	56.73
Other	360.65	64.91
Missing/Invalid	490.08	76.11
Health Net, Los Angeles		
Ethnic Group	Laboratory	X-Ray
White	408.56	96.35
Hispanic	361.60	71.86
Black	365.69	69.28
Asian & Pacific Islander	344.05	53.00
Native American/Alaskan	343.14	81.29
Other	380.15	98.76
Missing/Invalid	751.49	150.18
Inland Empire Health Plan, Riverside		
Ethnic Group	Laboratory	X-Ray
White	163.09	89.73
Hispanic	104.23	60.80
Black	153.13	65.65
Asian & Pacific Islander	153.34	62.94
Native American/Alaskan	107.36	71.95
Other	428.45	110.15
Missing/Invalid	397.19	155.74

Molina Health Care of California, Riverside	Tians (continuou)	
Ethnic Group	Laboratory	X-Ray
White	181.67	75.46
Hispanic	152.03	50.85
Black	163.69	61.54
Asian & Pacific Islander	139.03	52.25
Native American/Alaskan	105.11	45.74
Other	539.47	72.37
Missing/Invalid	425.61	130.32
Inland Empire Health Plan, San Bernardino		
Ethnic Group	Laboratory	X-Ray
White	174.00	81.19
Hispanic	139.25	58.49
Black	181.64	62.34
Asian & Pacific Islander	149.60	69.32
Native American/Alaskan	186.51	81.77
Other	937.00	216.11
Missing/Invalid	607.58	149.79
Molina Health Care of California, San Bernardi	no	
Ethnic Group	Laboratory	X-Ray
White	218.13	73.11
Hispanic	182.83	50.07
Black	216.84	57.08
Asian & Pacific Islander	173.06	49.36
Native American/Alaskan	132.52	79.35
Other	898.60	143.36
Missing/Invalid	439.02	112.65
San Francisco Health Plan, San Francisco		
Ethnic Group	Laboratory	X-Ray
White	325.75	56.31
Hispanic	181.30	39.67
Black	244.66	54.88
Asian & Pacific Islander	170.60	38.57
Native American/Alaskan	239.82	75.41
Other	598.31	74.26
Missing/Invalid	537.46	99.38
Blue Cross of California, San Francisco		
Ethnic Group	Laboratory	X-Ray
White	326.04	87.34
Hispanic	242.07	66.98
Black	286.78	70.39
Asian & Pacific Islander	249.01	58.46
Native American/Alaskan	335.77	87.59
Other	502.65	161.06
Missing/Invalid	518.38	138.66
Health Plan of San Joaquin, San Joaquin		
Ethnic Group	Laboratory	X-Ray
White	304.41	86.08
Hispanic	241.54	53.19
Black	287.15	63.39
Asian & Pacific Islander	169.69	32.88
Native American/Alaskan	350.52	77.64
Other	554.98	92.12
Missing/Invalid	640.60	101.71

Blue Cross of California, San Joaquin		
Ethnic Group	Laboratory	X-Ray
White	315.75	98.55
Hispanic	277.78	60.29
Black	331.81	70.00
Asian & Pacific Islander	268.55	53.54
Native American/Alaskan	239.13	62.11
Other	577.59	60.34
Missing/Invalid	858.73	108.03
Santa Clara Family Health Plan, Santa Clara		
Ethnic Group	Laboratory	X-Ray
White	360.03	85.23
Hispanic	214.54	51.90
Black	297.45	67.77
Asian & Pacific Islander	157.62	41.52
Native American/Alaskan	364.90	85.76
Other	1,178.50	205.13
Missing/Invalid	1,118.05	184.95
Blue Cross of California, Santa Clara		
Ethnic Group	Laboratory	X-Ray
White	318.93	90.90
Hispanic	222.71	62.97
Black	215.81	65.15
Asian & Pacific Islander	90.88	39.94
Native American/Alaskan	261.29	70.82
Other	467.59	118.06
Missing/Invalid	687.57	151.54
Blue Cross/Stanislaus Local Initiative, Stanis	slaus	
Ethnic Group	Laboratory	X-Ray
White	346.75	108.38
Hispanic	263.89	77.02
Black	367.23	95.34
Asian & Pacific Islander	232.24	53.18
Native American/Alaskan	355.39	128.92
Other	487.50	150.00
Missing/Invalid	736.07	221.89
Blue Cross of California LI, Tulare		
Ethnic Group	Laboratory	X-Ray
White	391.17	102.67
Hispanic	295.12	62.19
Black	347.67	87.48
Asian & Pacific Islander	287.10	65.18
Native American/Alaskan	281.57	74.23
Other	662.65	233.73
Missing/Invalid	724.89	212.66
Health Net, Tulare	Laboratory	V Day
Ethnic Group White	Laboratory	X-Ray 49 .43
	225.08 178.27	33.08
Hispanic Black		34.25
Black Asian & Pacific Islander	222.07 158.95	32.93
Native American/Alaskan	220.67	32.93 61.45
Other	258.06	161.29
Missing/Invalid	779.25	145.96

(By Ethnicity)

i wo Pian M	odei Plans (continued)	
Blue Cross of California, Fresno		
Ethnic Group	Laboratory	X-Ray
White	449.13	102.84
Hispanic	329.98	69.33
Black	435.16	77.03
Asian & Pacific Islander	221.57	37.97
Native American/Alaskan	636.23	112.10
Other	769.09	138.12
Missing/Invalid	780.42	166.97
Health Net, Fresno	700.42	100.07
Ethnic Group	Laboratory	X-Ray
White	214.25	56.90
	177.61	38.89
Hispanic		
Black	196.74	40.28
Asian & Pacific Islander	153.44	30.35
Native American/Alaskan	182.99	43.28
Other	318.18	90.91
Missing/Invalid	670.26	162.41
County Organ	ized Health System Plans	
Santa Barbara Health Initiative, Santa Bar Ethnic Group		X-Ray
White	Laboratory 292.83	165.36
Hispanic	196.73	74.76
Black	262.73	117.68
Asian & Pacific Islander	290.97	156.04
Native American/Alaskan	411.94	172.66
Other	303.00	217.59
Missing/Invalid	366.06	237.16
Health Plan of San Mateo, San Mateo		
Ethnic Group	Laboratory	X-Ray
White	275.93	169.10
Hispanic	225.54	83.31
Black	315.97	139.54
Asian & Pacific Islander	268.61	154.96
Native American/Alaskan	271.41	123.47
Other	204.68	244.11
Missing/Invalid	348.07	235.12
Partnership Health Plan of California, Sol		
Ethnic Group	Laboratory	X-Ray
White	366.54	109.17
Hispanic	208.26	62.33
Black	352.50	89.36
Asian & Pacific Islander	386.53	104.90
Native American/Alaskan	355.12	111.77
Other	578.35	160.58
Missing/Invalid	580.32	155.30

(By Ethnicity)

County Organized Health System Plans (continued)

Partnership Health Plan of California, Napa	·	,
Ethnic Group	Laboratory	X-Ray
White	383.19	163.06
Hispanic	191.87	81.33
Black	291.62	124.41
Asian & Pacific Islander	342.06	153.27
Native American/Alaskan	403.95	132.85
Other	296.90	73.86
Missing/Invalid	556.79	260.18
Partnership Health Plan of California, Yolo		
Ethnic Group	Laboratory	X-Ray
White	271.16	108.55
Hispanic	177.57	62.69
Black	266.44	89.02
Asian & Pacific Islander	283.60	83.76
Native American/Alaskan	344.75	148.69
Other	220.06	112.19
Missing/Invalid	490.36	191.68
CalOPTIMA, Orange		
Ethnic Group	Laboratory	X-Ray
White	321.18	125.46
Hispanic	227.12	57.85
Black	305.53	99.91
Asian & Pacific Islander	222.41	86.76
Native American/Alaskan	355.15	112.37
Other	219.67	139.93
Missing/Invalid	406.69	176.76
Central Coast Alliance for Health, Santa Cruz		
Ethnic Group	Laboratory	X-Ray
White	165.48	103.65
Hispanic	143.18	69.57
Black	138.37	84.52
Asian & Pacific Islander	156.53	124.69
Native American/Alaskan	232.76	135.78
Other	175.34	151.77
Missing/Invalid	249.84	166.09
Central Coast Alliance for Health, Monterey		
Ethnic Group	Laboratory	X-Ray
White	239.74	126.82
Hispanic	193.58	76.30
Black	231.32	84.98
Asian & Pacific Islander	260.14	116.96
Native American/Alaskan	301.83	101.67
Other	232.38	181.71
Missing/Invalid	376.42	205.11

Member Prescriptions by Payer per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003

	Plan & FFS Paid	Plan Paid	FFS Paid
Medi-Cal Program Rate	1,047	352	695
Medi-Cal Fee for Service Program	1,343	1	1,342
Medi-Cal Managed Care (selected plans)	734	715	20
Geographic Managed Care Rate	617	601	15
Sharp Health Plan, San Diego	650	635	15
Universal Care, San Diego	491	474	17
Community Health Group, San Diego	635	621	14
Blue Cross of California, San Diego	646	629	17
University of Cal-San Diego Health Plan	580	558	22
Health Net, San Diego	414	399	15
Kaiser Foundation Health Plan, San Diego	737	722	14
Molina Health Care of California, Sacramento	501	485	16
Western Health Advantage, Sacramento	707	697	10
Health Net, Sacramento	373	359	14
Kaiser, Sacramento	700	698	2
Blue Cross of California, Sacramento	699	679	20
Two Plan Model Rate	621	610	11
Alameda Alliance for Health, Alameda	707	690	17
Blue Cross of California, Alameda	615	602	13
Contra Costa Health Plan, Contra Costa	682	666	16
Blue Cross of California, Contra Costa	544	537	8
Kern Family Health Care, Kern	685	668	17
Blue Cross of California, Kern	1,012	992	20
LA CARE Health Plan, Los Angeles	545	537	9
Health Net, Los Angeles	532	522	10
Inland Empire Health Plan, Riverside	662	648	14
Molina Health Care of California, Riverside	616	607	10
Inland Empire Health Plan, San Bernardino	696	681	15
Molina Health Care of California, San Bernardino	653	641	12
San Francisco Health Plan, San Francisco	428	412	16
Blue Cross of California, San Francisco	744	726 757	18
Health Plan of San Joaquin, San Joaquin	773 757	757 745	16 13
Blue Cross of California, San Joaquin Santa Clara Family Health Plan, Santa Clara	579	743 566	13
Blue Cross of California, Santa Clara	920	904	16
Blue Cross/Stanislaus Local Initiative, Stanislaus	925	909	16
Blue Cross of California LI, Tulare	803	792	12
Health Net, Tulare	437	424	12
Blue Cross of California, Fresno	917	904	13
Health Net, Fresno	476	465	11
County Organized Health Systems Rate	1,305	1,244	60
Santa Barbara Health Initiative, Santa Barbara	1,423	1,415	8
Health Plan of San Mateo, San Mateo	1,362	1,358	5
Partnership Health Plan of California, Solano	1,051	1,016	36
Partnership Health Plan of California, Napa	776	681	95
Partnership Health Plan of California, Yolo	829	779	50
CalOPTIMA, Orange	1,471	1,393	78
Central Coast Alliance for Health, Santa Cruz	1,185	1,072	114
Central Coast Alliance for Health, Monterey	857	802	56
Rate for All Other Plan Codes	1,248	643	605

Member Prescriptions by Payer per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003

(By Age Group)

Overall Totals

Overali lotais			
All Medi-Cal			
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	425.71	418.372	7.34
1 to < 10	409.18	304.407	104.77
10 to < 20	310.45	177.918	132.53
20 to < 45	776.29	340.884	435.40
45 to < 65	2,698.83	760.772	1,938.06
65 to < 75	2,830.89	419.032	2,411.86
75 to < 85	3,266.64	424.605	2,842.04
85+	3,486.45	410.465	3,075.98
Medi-Cal Fee-For-Servi	ce Program		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	0.00	0.000	0.00
1 to < 10	320.20	1.622	318.58
10 to < 20	313.21	0.912	312.30
20 to < 45	717.15	1.044	716.10
45 to < 65	2,905.44	1.777	2,903.66
65 to < 75	2,786.18	0.706	2,785.48
75 to < 85	3,254.72	0.753	3,253.96
85+	3,506.30	0.708	3,505.59
Medi-Cal Managed Car			2,222
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	742.53	732.283	10.25
1 to < 10	449.57	441.535	8.03
10 to < 20	308.51	294.830	13.69
20 to < 45	855.52	826.357	29.17
45 to < 65	2,294.51	2,224.680	69.83
65 to < 75	3,144.43	3,105.197	39.23
75 to < 85	3,436.55	3,390.550	46.00
85+	3,540.93	3,463.842	77.09
Geographic Managed C		,	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	514.84	503.675	11.16
1 to < 10	333.36	324.383	8.98
10 to < 20	285.06	272.019	13.04
20 to < 45	896.09	875.217	20.88
45 to < 65	2,319.99	2,277.013	42.97
65 to < 75	3,172.83	3,154.905	17.92
75 to < 85	2,847.42	2,843.961	3.46
85+	2,402.73	2,393.311	9.42
Two Plan Model	,	,	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	845.33	834.717	10.62
1 to < 10	473.05	466.567	6.49
10 to < 20	308.28	297.494	10.78
20 to < 45	788.78	773.697	15.08
45 to < 65	1,979.04	1,948.730	30.31
65 to < 75	2,875.88	2,859.935	15.95
75 to < 85	2,452.71	2,441.826	10.89
85+	2,027.83	2,011.734	16.09
33 ·	2,027.00	_,0 0 !	10.00

Member Prescriptions by Payer per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003

(By Age Group)

Overall Totals (continued)

County Ourseller of Health Or	Overall Totals (CO	illiliueu)	
County Organized Health Sy		Dian Daid	EEC D-:-
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	541.05	532.257	8.80
1 to < 10	399.80	383.520	16.28
10 to < 20	332.61	299.512	33.10
20 to < 45	1,167.97	1,060.210	107.76
45 to < 65	3,086.24	2,906.244	180.00
65 to < 75	3,196.26	3,151.334	44.93
75 to < 85	3,554.83	3,503.839	50.99
85+	3,655.75	3,573.697	82.05
All other Plan Codes			
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	478.15	13.752	464.40
1 to < 10	304.65	21.264	283.38
10 to < 20	340.14	31.509	308.63
20 to < 45	1,706.07	811.401	894.66
45 to < 65	3,130.32	1,309.370	1,820.95
65 to < 75	2,133.81	1,643.038	490.77
75 to < 85	1,744.82	1,505.044	239.77
85+	1,048.15	840.895	207.26
	Ossamankia Mananada	Corre Diame	
	Geographic Managed	Care Plans	
Sharp Health Plan, San Dieg		5. 5	=== B · · ·
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	507.52	498.265	9.25
1 to < 10	393.53	384.272	9.26
10 to < 20	362.52	348.603	13.92
20 to < 45	965.64	943.101	22.54
45 to < 65	2,585.72	2,538.290	47.43
65 to < 75	3,461.91	3,449.582	12.33
75 to < 85	3,615.11	3,613.309	1.80
85+	2,872.73	2,872.727	0.00
Universal Care, San Diego	DI 0.550 D. I.	5. 5	=== B · · ·
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	461.22	449.702	11.51
1 to < 10	304.95	298.331	6.62
10 to < 20	265.94	252.103	13.84
20 to < 45	777.43	747.423	30.01
45 to < 65	1,940.21	1,871.418	68.79
65 to < 75	2,289.74	2,281.457	8.28
75 to < 85	820.73	817.927	2.80
85+	304.35	304.348	0.00
Community Health Group, S		5. 5	=== B · · ·
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	560.12	554.121	6.00
1 to < 10	385.50	378.903	6.60
10 to < 20	305.51	295.929	9.58
20 to < 45	858.63	832.320	26.31
45 to < 65	2,261.30	2,209.152	52.15
65 to < 75	3,874.64	3,860.479	14.16
75 to < 85	3,405.87	3,402.450	3.42
85+	2,639.55	2,636.746	2.81

(By Age Group)

Geographic Managed Care Plans (continued)

	Soyrapinic Manageu Care	Fians (continued)	
Blue Cross of California		Diag Daid	FF0 D-:4
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	556.46	538.994	17.47
1 to < 10	386.70	378.535	8.16
10 to < 20	345.10	328.338	16.76
20 to < 45	954.21	929.376	24.84
45 to < 65	2,302.99	2,258.581	44.41
65 to < 75	3,782.83	3,769.360	13.47
75 to < 85	4,686.27	4,656.863	29.41
85+	3,444.44	3,444.444	0.00
University of Cal-San Di	_		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	435.63	419.361	16.27
1 to < 10	298.94	281.885	17.05
10 to < 20	268.10	250.544	17.56
20 to < 45	850.62	824.388	26.23
45 to < 65	2,384.79	2,326.392	58.40
65 to < 75	3,497.96	3,487.075	10.88
75 to < 85	2,463.64	2,413.636	50.00
85+	1,400.00	1,400.000	0.00
Health Net, San Diego			
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	301.61	298.046	3.56
1 to < 10	229.60	222.758	6.85
10 to < 20	213.53	192.116	21.41
20 to < 45	670.23	649.344	20.89
45 to < 65	1,717.23	1,682.927	34.30
65 to < 75	2,898.63	2,865.753	32.88
75 to < 85	2,435.90	2,435.897	0.00
85+	250.00	250.000	0.00
Kaiser Foundation Heal	th Plan, San Diego		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	338.02	337.662	0.36
1 to < 10	251.79	248.831	2.96
10 to < 20	292.26	282.150	10.11
20 to < 45	1,044.11	1,019.294	24.81
45 to < 65	2,446.17	2,402.076	44.09
65 to < 75	2,047.76	2,041.146	6.61
75 to < 85	2,043.12	2,037.212	5.91
85+	2,168.42	2,157.895	10.53
Molina Health Care of C	alifornia, Sacramento		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	573.86	548.395	25.46
1 to < 10	285.71	280.534	5.18
10 to < 20	230.27	217.067	13.20
20 to < 45	760.36	736.375	23.98
45 to < 65	1,905.28	1,855.086	50.20
65 to < 75	2,177.12	2,160.517	16.61
75 to < 85	2,008.98	2,008.982	0.00
85+	684.93	684.932	0.00

(By Age Group)

Geographic Managed Care Plans (continued)

Western Health Advanta	J .	Traine (commission)	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	365.87	346.238	19.63
1 to < 10	213.76	199.599	14.16
10 to < 20	251.48	235.979	15.50
20 to < 45	959.40	957.759	1.64
45 to < 65	3,052.35	3,048.856	3.49
65 to < 75	3,692.39	3,686.765	5.62
75 to < 85	3,477.81	3,477.807	0.00
85+	4,618.06	4,618.056	0.00
Health Net, Sacramento	.,0.0.00	.,0.000	0.00
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	426.24	415.266	10.98
1 to < 10	214.25	208.306	5.95
10 to < 20	167.89	152.394	15.50
20 to < 45	524.97	507.231	17.74
45 to < 65	1,383.17	1,351.545	31.63
65 to < 75	2,025.97	2,019.862	6.11
75 to < 85	2,059.02	2,059.016	0.00
85+	2,000.00	2,000.000	0.00
Kaiser, Sacramento	_,,	_,,	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	372.21	371.327	0.88
1 to < 10	250.76	249.327	1.43
10 to < 20	284.13	282.459	1.67
20 to < 45	1,048.95	1,047.787	1.16
45 to < 65	2,354.76	2,350.081	4.68
65 to < 75	2,072.09	2,067.476	4.61
75 to < 85	1,882.79	1,882.792	0.00
85+	1,778.74	1,778.736	0.00
Blue Cross of California		,	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	627.02	613.175	13.85
1 to < 10	358.37	344.262	14.10
10 to < 20	301.82	286.876	14.94
20 to < 45	999.97	976.380	23.59
45 to < 65	2,650.20	2,599.130	51.07
65 to < 75	4,248.82	4,183.079	65.74
75 to < 85	3,449.37	3,448.409	0.96
85+	3,018.69	2,953.271	65.42
	Two Plan Mode	l Plans	
Alameda Alliance for He	•		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	629.86	622.246	7.62
1 to < 10	421.24	412.823	8.42
10 to < 20	322.71	313.130	9.58
20 to < 45	938.74	911.131	27.60
45 to < 65	2,270.55	2,216.812	53.74
65 to < 75	2,739.27	2,731.101	8.17
75 to < 85	2,374.58	2,373.066	1.52
85+	1,811.13	1,799.325	11.80

(By Age Group)

Discount of Oaliferent	- Alamada	s (continueu)	
Blue Cross of California		5. 5	· · ·
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	568.02	556.281	11.74
1 to < 10	356.78	352.368	4.42
10 to < 20	270.90	264.857	6.05
20 to < 45	860.83	837.852	22.98
45 to < 65	2,183.77	2,140.179	43.59
65 to < 75	3,231.42	3,221.643	9.78
75 to < 85	2,663.14	2,622.575	40.56
85+	3,024.39	3,000.000	24.39
Contra Costa Health Pla			
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	538.27	536.081	2.19
1 to < 10	341.80	335.491	6.31
10 to < 20	299.95	284.957	14.99
20 to < 45	1,035.35	1,011.079	24.27
45 to < 65	2,385.56	2,339.061	46.50
65 to < 75	2,959.79	2,938.198	21.59
75 to < 85	2,918.32	2,886.733	31.59
85+	2,712.15	2,655.574	56.57
Blue Cross of California	a, Contra Costa		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	631.95	621.139	10.81
1 to < 10	379.63	374.015	5.62
10 to < 20	285.09	277.112	7.98
20 to < 45	806.84	797.389	9.45
45 to < 65	1,893.61	1,883.685	9.93
65 to < 75	3,568.86	3,568.862	0.00
75 to < 85	3,940.59	3,940.594	0.00
85+	4,892.86	4,892.857	0.00
Kern Family Health Car	e, Kern		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	1,108.62	1,089.873	18.75
1 to < 10	539.62	526.658	12.96
10 to < 20	338.16	321.391	16.77
20 to < 45	882.28	862.647	19.63
45 to < 65	2,325.88	2,284.174	41.70
65 to < 75	2,962.03	2,957.278	4.75
75 to < 85	2,033.44	2,033.445	0.00
85+	3,480.77	3,480.769	0.00
Blue Cross of California	ŕ	,	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	1,124.84	1,118.302	6.54
1 to < 10	571.34	562.959	8.38
10 to < 20	433.07	418.495	14.57
20 to < 45	1,430.87	1,396.777	34.09
45 to < 65	3,828.76	3,767.782	60.98
65 to < 75	4,469.39	4,451.814	17.57
75 to < 85	3,495.68	3,487.032	8.65
85+	3,712.33	3,712.329	0.00
	3,1 12.00	5,2.020	3.30

(By Age Group)

	i wo Fiaii Model Fi	ians (continued)	
LA CARE Health Plan,			
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	826.28	818.130	8.15
1 to < 10	453.02	448.177	4.84
10 to < 20	274.77	266.338	8.43
20 to < 45	634.70	623.741	10.96
45 to < 65	1,625.80	1,603.211	22.58
65 to < 75	2,575.15	2,561.773	13.38
75 to < 85	2,038.26	2,028.814	9.45
85+	1,882.38	1,865.295	17.08
Health Net, Los Angele		,	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	776.22	767.207	9.01
1 to < 10	450.11	444.866	5.24
10 to < 20	274.25	262.704	11.55
20 to < 45	613.91	603.066	10.85
45 to < 65	1,703.12	1,678.545	24.58
65 to < 75	2,680.96	2,666.794	14.16
75 to < 85	2,437.59	2,432.305	5.28
85+	1,585.94	1,583.220	2.72
Inland Empire Health P		1,303.220	2.12
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	781.30	769.355	11.94
1 to < 10	450.02	442.106	7.92
10 to < 20	350.34	336.528	13.81
20 to < 45	966.47	946.135	20.33
45 to < 65	2,430.86	2,397.358	33.51
65 to < 75	3,083.99	3,070.588	13.40
75 to < 85	2,236.19	2,234.286	1.90
85+	2,334.76	2,330.472	4.29
Molina Health Care of (•		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	755.28	748.934	6.35
1 to < 10	488.35	483.008	5.34
10 to < 20	310.76	299.255	11.50
20 to < 45	886.38	871.983	14.39
45 to < 65	2,115.30	2,092.728	22.58
65 to < 75	3,929.60	3,912.356	17.24
75 to < 85	3,322.83	3,299.213	23.62
85+	2,000.00	2,000.000	0.00
Inland Empire Health P	lan, San Bernardino		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	855.23	843.842	11.39
1 to < 10	499.56	489.962	9.59
10 to < 20	363.71	349.607	14.10
20 to < 45	990.64	971.375	19.27
45 to < 65	2,373.98	2,337.088	36.89
65 to < 75	2,816.04	2,806.634	9.41
75 to < 85	2,374.09	2,368.912	5.18
85+	2,399.61	2,356.725	42.88
55 °	=,000.01	2,00020	.2.00

(By Age Group)

Two Flair Model Flairs (Continued)				
	California, San Bernardino	DI	FF0 D : 1	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid	
0 to < 1	887.32	873.702	13.62	
1 to < 10	498.81	492.550	6.26	
10 to < 20	347.81	333.025	14.79	
20 to < 45	931.87	916.919	14.95	
45 to < 65	2,231.72	2,200.251	31.47	
65 to < 75	2,981.42	2,977.296	4.13	
75 to < 85	2,083.52	2,072.527	10.99	
85+	3,301.59	3,285.714	15.87	
San Francisco Health F				
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid	
0 to < 1	403.36	399.561	3.80	
1 to < 10	297.46	292.464	4.99	
10 to < 20	166.33	157.357	8.97	
20 to < 45	485.07	459.496	25.57	
45 to < 65	1,186.64	1,135.546	51.09	
65 to < 75	1,440.93	1,421.491	19.44	
75 to < 85	1,288.71	1,271.916	16.80	
85+	933.33	933.333	0.00	
Blue Cross of Californi	a, San Francisco			
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid	
0 to < 1	608.22	600.282	7.94	
1 to < 10	448.56	437.931	10.62	
10 to < 20	289.05	276.815	12.23	
20 to < 45	815.73	792.361	23.37	
45 to < 65	2,119.21	2,076.208	43.00	
65 to < 75	4,378.16	4,363.299	14.86	
75 to < 85	4,088.50	4,081.416	7.08	
85+	2,809.76	2,809.756	0.00	
Health Plan of San Joa	quin, San Joaquin			
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid	
0 to < 1	1,019.65	1,008.349	11.30	
1 to < 10	585.12	578.485	6.64	
10 to < 20	397.07	387.918	9.15	
20 to < 45	991.62	961.865	29.75	
45 to < 65	2,570.72	2,512.892	57.83	
65 to < 75	3,311.80	3,266.039	45.76	
75 to < 85	3,467.37	3,454.737	12.63	
85+	1,511.11	1,244.444	266.67	
Blue Cross of Californi		ŕ		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid	
0 to < 1	1,034.81	1,031.956	2.86	
1 to < 10	587.19	578.713	8.47	
10 to < 20	392.80	379.583	13.21	
20 to < 45	1,006.56	989.314	17.25	
45 to < 65	2,449.75	2,422.738	27.01	
65 to < 75	3,877.36	3,877.358	0.00	
75 to < 85	2,934.78	2,934.783	0.00	
85+	2,294.12	2,294.118	0.00	
= =	.,	,	2.30	

(By Age Group)

		Pians (continued)	
Santa Clara Family Hea		DI D : 1	550 D : 1
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	600.01	589.358	10.65
1 to < 10	380.71	372.167	8.55
10 to < 20	285.26	273.249	12.01
20 to < 45	740.90	723.903	17.00
45 to < 65	1,770.02	1,741.706	28.32
65 to < 75	2,252.02	2,232.296	19.72
75 to < 85	2,062.56	2,052.472	10.09
85+	1,931.85	1,914.422	17.43
Blue Cross of Californ			
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	856.26	851.646	4.61
1 to < 10	583.82	574.147	9.67
10 to < 20	440.66	427.524	13.13
20 to < 45	1,008.76	986.965	21.79
45 to < 65	2,430.66	2,399.945	30.71
65 to < 75	3,400.00	3,384.231	15.77
75 to < 85	4,148.10	4,099.607	48.49
85+	1,852.71	1,852.713	0.00
Blue Cross/Stanislaus	Local Initiative, Stanisl	aus	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	1,002.00	981.883	20.12
1 to < 10	498.51	491.125	7.39
10 to < 20	398.34	384.863	13.48
20 to < 45	1,412.98	1,387.264	25.71
45 to < 65	3,452.69	3,411.282	41.40
65 to < 75	4,385.40	4,383.253	2.15
75 to < 85	4,296.30	4,263.374	32.92
85+	5,000.00	5,000.000	0.00
Blue Cross of Californ		-,	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	1,245.81	1,228.943	16.86
1 to < 10	631.52	620.636	10.88
10 to < 20	384.63	374.582	10.05
20 to < 45	1,033.70	1,023.681	10.02
45 to < 65	2,490.25	2,465.607	24.64
65 to < 75	3,984.88	3,936.082	48.80
75 to < 85	2,622.45	2,617.347	5.10
85+	4,083.33	4,083.333	0.00
Health Net, Tulare	4,000.00	4,000.000	0.00
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	772.72	738.278	34.44
1 to < 10	357.57	349.404	8.16
10 to < 20	222.75	204.419	18.33
20 to < 45	598.41	590.544	7.86
45 to < 65	1,207.75	1,193.093	14.66
45 to < 75	2,591.91	2,591.912	0.00
75 to < 85	4,805.56	4,805.556	0.00
85+	291.67	291.667	0.00

(By Age Group)

	i wo Pian Model Pians	(continuea)	
Blue Cross of California			
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	1,388.07	1,365.174	22.90
1 to < 10	682.69	673.794	8.90
10 to < 20	414.21	405.606	8.61
20 to < 45	1,166.15	1,150.027	16.13
45 to < 65	3,067.17	3,023.568	43.60
65 to < 75	4,445.78	4,416.867	28.92
75 to < 85	4,235.54	4,218.037	17.51
85+	3,671.51	3,659.884	11.63
Health Net, Fresno	3,01.1101	3,000.00	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	807.74	786.380	21.36
1 to < 10	401.86	390.984	10.88
10 to < 20	230.23	217.850	12.38
20 to < 45	592.71	584.951	7.76
45 to < 65	1,504.26	1,489.177	15.08
65 to < 75			27.74
	1,907.12	1,879.373	
75 to < 85	1,623.76	1,623.762	0.00
85+	0.00	0.000	0.00
	County Organized Health	System Plans	
Santa Barbara Health Ir	, ,	i System Flans	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	453.57	452.932	0.64
1 to < 10	336.01	334.915	1.09
			2.78
10 to < 20	349.40	346.620	
20 to < 45	1,435.18	1,423.486	11.69
45 to < 65	3,979.42	3,959.455	19.96
65 to < 75	3,759.57	3,749.258	10.32
75 to < 85	4,269.71	4,250.142	19.57
85+	4,793.84	4,772.813	21.03
Health Plan of San Mate	•		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	406.51	404.246	2.26
1 to < 10	313.08	312.111	0.97
10 to < 20	256.26	255.326	0.94
20 to < 45	1,057.15	1,052.589	4.56
45 to < 65	2,737.56	2,728.972	8.59
65 to < 75	2,470.82	2,463.163	7.66
75 to < 85	3,101.63	3,089.927	11.71
85+	3,443.20	3,427.143	16.05
Partnership Health Plar	n of California, Solano		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	321.67	318.102	3.57
1 to < 10	257.47	255.053	2.42
10 to < 20	288.17	281.235	6.93
20 to < 45	1,069.14	1,005.580	63.56
45 to < 65	2,936.90	2,806.866	130.03
65 to < 75	2,449.86	2,417.900	31.96
75 to < 85	2,691.13	2,660.378	30.75
85+	2,593.39	2,565.274	28.12
	_,000.00	_,~~	

(By Age Group)

County Organized Health System Plans (continued)

	inty Organized Health	System Plans (contin	uea)
	an of California, Napa		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	141.65	140.215	1.43
1 to < 10	165.20	156.309	8.89
10 to < 20	255.60	223.782	31.82
20 to < 45	827.01	674.016	153.00
45 to < 65	1,732.87	1,433.450	299.42
65 to < 75	1,551.43	1,438.144	113.29
75 to < 85	1,861.37	1,763.743	97.63
85+	2,004.55	1,927.195	77.36
Partnership Health Pl	an of California, Yolo		
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	264.11	262.886	1.23
1 to < 10	228.17	225.709	2.46
10 to < 20	230.17	218.473	11.70
20 to < 45	895.72	805.415	90.30
45 to < 65	2,039.25	1,893.714	145.53
65 to < 75	1,759.15	1,720.548	38.60
75 to < 85	2,021.22	1,971.493	49.72
85+	2,176.43	2,086.512	89.92
CalOPTIMA, Orange	,	,	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	672.97	661.443	11.53
1 to < 10	495.45	473.199	22.25
10 to < 20	387.16	342.755	44.40
20 to < 45	1,271.64	1,119.799	151.84
45 to < 65	3,274.76	3,039.072	235.69
65 to < 75	3,628.52	3,574.134	54.38
75 to < 85	4,005.76	3,941.618	64.14
85+	4,051.87	3,939.150	112.72
	e for Health, Santa Cruz	5,222.	
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	383.50	365.088	18.41
1 to < 10	303.24	267.847	35.39
10 to < 20	299.32	220.518	78.80
20 to < 45	1,183.56	1,003.582	179.98
45 to < 65	2,904.59	2,635.081	269.51
65 to < 75	2,860.13	2,783.394	76.74
75 to < 85	3,014.32	2,925.632	88.68
85+	3,337.73	3,229.284	108.44
	e for Health, Monterey	0,220.201	100.11
Age Range in Years	Plan & FFS Paid	Plan Paid	FFS Paid
0 to < 1	386.16	377.388	8.77
1 to < 10	260.77	243.728	17.04
10 to < 20	223.93	185.532	38.40
20 to < 45	818.40	728.191	90.21
45 to < 65	2,510.79	2,338.131	172.66
65 to < 75	2,530.87	2,481.439	49.43
75 to < 85	2,772.31	2,719.449	52.86
85+	2,563.30	2,457.834	105.47
001	2,505.50	2,407.004	105.47

(By Aid Code Range)

Overall Totals

	O TOTALI TOTALO		
All Medi-Cal			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	443.11	329.53	113.59
Youth Related	328.91	204.60	124.32
Aged, Blind, Disabled	3,004.77	468.14	2,536.63
Other Aid Codes	638.54	76.02	562.51
Medi-Cal Fee-For-Service Pr	ogram		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	278.52	1.51	277.02
Youth Related	225.43	1.10	224.33
Aged, Blind, Disabled	3,026.98	0.69	3,026.29
Other Aid Codes	591.42	0.89	590.52
Medi-Cal Managed Care (sel	ected plans)		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	548.69	542.49	6.20
Youth Related	444.79	436.78	8.00
Aged, Blind, Disabled	2,896.95	2,726.07	170.87
Other Aid Codes	1,512.18	1,494.37	17.81
Geographic Managed Care			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	497.31	490.67	6.65
Youth Related	341.35	333.37	7.98
Aged, Blind, Disabled	2,521.35	2,380.25	141.10
Other Aid Codes	1,742.86	1,742.86	0.00
Two Plan Model			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	561.72	555.79	5.93
Youth Related	467.92	461.74	6.18
Aged, Blind, Disabled	2,406.83	2,250.61	156.22
Other Aid Codes	2,453.99	2,414.11	39.88
County Organized Health Sy	stems		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	511.39	503.87	7.52
Youth Related	399.92	384.50	15.42
Aged, Blind, Disabled	3,207.03	3,024.42	182.61
Other Aid Codes	1,468.87	1,451.97	16.90
All Other Plan Codes			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	495.76	53.14	442.62
Youth Related	296.67	6.93	289.74
Aged, Blind, Disabled	2,420.59	1,540.22	880.37
Other Aid Codes	2,352.94	1,691.18	661.76

(By Aid Code Range)

Geographic Managed Care Plans

	Beographic Managed Care	Fiaiis	
Sharp Health Plan, San Diego			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	583.94	577.89	6.04
Youth Related	372.59	365.71	6.88
Aged, Blind, Disabled	2,663.77	2,428.89	234.88
Other Aid Codes	0.00	0.00	0.00
Universal Care, San Diego			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	442.12	434.60	7.52
Youth Related	321.08	314.18	6.90
Aged, Blind, Disabled	1,929.46	1,701.88	227.58
Other Aid Codes	0.00	0.00	0.00
Community Health Group, San D	iego		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	520.99	513.45	7.54
Youth Related	349.10	346.47	2.63
Aged, Blind, Disabled	2,767.25	2,634.45	132.80
Other Aid Codes	2,333.33	2,333.33	0.00
Blue Cross of California, San Die	ego		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	592.72	583.64	9.08
Youth Related	372.30	359.94	12.36
Aged, Blind, Disabled	3,046.35	2,806.73	239.62
Other Aid Codes	0.00	0.00	0.00
University of Cal-San Diego Heal			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	478.84	466.18	12.65
Youth Related	321.14	313.27	7.86
Aged, Blind, Disabled	2,614.91	2,423.82	191.08
Other Aid Codes	1,000.00	1,000.00	0.00
Health Net, San Diego	1,000.00	1,000.00	0.00
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	381.43	371.69	9.74
Youth Related	220.12	211.19	8.92
Aged, Blind, Disabled	1,926.84	1,760.04	166.80
Other Aid Codes	0.00	0.00	0.00
Kaiser Foundation Health Plan, S		0.00	0.00
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	477.68	473.99	3.69
Youth Related	232.44	231.38	1.07
Aged, Blind, Disabled	2,103.53	2,034.90	68.63
Other Aid Codes	0.00	0.00	0.00
		0.00	0.00
Molina Health Care of California,		Dian Daid	OH M 1/0
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	422.24	415.48	6.77
Youth Related	328.96	324.58	4.38
Aged, Blind, Disabled	1,731.60	1,579.82	151.78
Other Aid Codes	0.00	0.00	0.00

(By Aid Code Range)

Geographic Managed Care (continued)

Western Health Advantage, Sacramen	•	oure (continued)	
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	423.39	421.40	1.98
Youth Related	302.37	293.32	9.05
Aged, Blind, Disabled	3,034.69	2,959.60	75.08
Other Aid Codes	0.00	0.00	0.00
Health Net, Sacramento			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	309.47	303.16	6.31
Youth Related	230.16	222.29	7.87
Aged, Blind, Disabled	1,734.76	1,563.78	170.98
Other Aid Codes	0.00	0.00	0.00
Kaiser, Sacramento			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	468.15	467.88	0.27
Youth Related	251.11	250.25	0.86
Aged, Blind, Disabled	1,950.17	1,941.12	9.05
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, Sacramento			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	549.33	542.13	7.20
Youth Related	411.43	392.31	19.12
Aged, Blind, Disabled	3,102.16	2,898.98	203.18
Other Aid Codes	0.00	0.00	0.00
	Two Plan Mode	al Diane	
Alameda Alliance for Health, Alameda		er riaris	
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	567.86	561.82	6.05
Youth Related	432.39	424.45	7.94
Aged, Blind, Disabled	2,536.15	2,384.85	151.30
Other Aid Codes	9,000.00	9,000.00	0.00
Blue Cross of California, Alameda	3,000.00	3,000.00	0.00
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	516.00	510.97	5.04
Youth Related	360.70	353.29	7.41
Aged, Blind, Disabled	2,639.75	2,488.96	150.79
Other Aid Codes	666.67	666.67	0.00
Contra Costa Health Plan, Contra Cos		000.07	0.00
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	507.81	502.16	5.65
Youth Related	363.67	359.19	4.48
Aged, Blind, Disabled	2,602.24	2,478.69	123.55
Other Aid Codes	6,315.79	6,263.16	52.63
Blue Cross of California, Contra Costa		3,233.13	02.00
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	493.81	489.15	4.66
Youth Related	363.74	353.58	10.16
Aged, Blind, Disabled	2,030.42	1,964.83	65.59
Other Aid Codes	0.00	0.00	0.00
	2.20	2.00	2.00

(By Aid Code Range)

Two Plan Model (continued)

Kern Family Health Care, Kern Plan & FFS Paid Plan Paid Other Med/Surg Family Family 615.83 608.54 7.29 Youth Related 614.82 602.78 12.04 Aged, Blind, Disabled 2,310.17 2,067.05 243.12 Other Aid Codes 130.43 130.43 0.00 Blue Cross of California, Kern Aid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 801.33 794.00 7.33 Youth Related 618.23 613.92 4.31 Aged, Blind, Disabled 3,696.88 3,515.10 181.78 Other Aid Codes 1,250.00 1,250.00 10.00 LA CARE Health Plan, Los Angeles Jana Pian Plan Pian Pian Other Med/Surg Aid Code Category Plan & FFS Paid Plan Pian Pian Other Med/Surg Family 511.82 506.83 4.99 Youth Related 452.34 447.26 50.88 Aged, Blind, Disabled 1,945.25 491.50 55.2 Aged,		i wo Fiaii wodei (continu	eu)	
Family	Kern Family Health Care, Kern			
Youth Related 614.82 602.78 12.04 Aged, Blind, Disabled 2,310.17 2,067.05 243.12 Other Aid Codes 130.43 30.03 30.00 Blue Cross of California, Kern Image: Company of California (March Medistry) 8 FFS Paid Plan Paid Other Medistry Family 801.33 794.00 7.33 Youth Related 618.23 613.92 4.31 Aged, Blind, Disabled 3,696.88 3,515.10 181.78 Other Aid Codes 1,250.00 1,250.00 0.00 LA CARE Health Plan, Los Angeles Ald Code Category Plan & FFS Paid Plan Paid Other Medi'Surg Family 511.82 506.83 4.99 Youth Related 452.34 447.26 5.08 Aged, Blind, Disabled 1,948.89 1,812.43 136.46 Other Aid Codes 882.98 808.51 74.47 Health Net, Los Angeles Aged, Blind, Disabled 1,977.23 49.150 5.75 Mac Code Category Plan & FFS Paid Plan Paid<	Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Aged, Blind, Disabled 2,310.17 2,067.05 243.12 Other Aid Codes 130.43 130.43 0.00 Blue Cross of California, Kern Aid Code Category Plan & FFFS Paid Plan Paid Other Med/Surg Youth Related 618.23 613.92 4.31 Aged, Blind, Disabled 3,696.88 3,515.10 181.78 Other Aid Codes 1,250.00 1,250.00 0.00 LA CARE Health Plan, Los Angeles AID Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 511.82 506.83 4.99 Youth Related 452.34 447.26 5.08 Aged, Blind, Disabled 1,948.89 1,812.43 136.66 Other Aid Codes 882.98 808.51 74.47 Health Net, Los Angeles 1,948.89 1,812.43 136.66 Aid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 497.25 494.150 5.75 Youth Related 437.52 432.00 5.52	Family	615.83	608.54	7.29
Other Aid Codes 130.43 130.43 0.00 Blue Cross of California, Kern Aid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 801.33 794.00 7.33 Youth Related 618.23 613.92 4.31 Aged, Blind, Disabled 3,696.88 3,515.10 181.78 Other Aid Codes 1,250.00 1,250.00 0.00 LA CARE Health Plan, Los Angeles Ald Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 511.82 506.83 4.99 Youth Related 452.34 447.26 50.88 Aged, Blind, Disabled 1,948.89 1,812.43 136.46 Other Aid Codes 882.98 808.51 74.47 Health Net, Los Angeles 447.26 50.88 Aid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 497.25 491.50 5.75 Youth Related 437.52 432.00 5.52 Aged, Blind, Disabled 1,977.23 1,829.07 <td>Youth Related</td> <td>614.82</td> <td>602.78</td> <td>12.04</td>	Youth Related	614.82	602.78	12.04
Blue Cross of California, Kern Ad Code Category Plan & FFS Pail Plan Paid Other Med/Surg Pamily 801.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 7	Aged, Blind, Disabled	2,310.17	2,067.05	243.12
Aid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 801.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.35 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 79	Other Aid Codes	130.43	130.43	0.00
Aid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 801.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.33 794.00 7.35 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 7.36 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 794.00 79	Blue Cross of California, Kern			
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Aged, Blind, Disabled 3,696.88 3,515.10 181.78 Other Aid Codes 1,250.00 1,250.00 0.00 LA CARE Health Plan, Los Angeles	Youth Related	618.23	613.92	4.31
Other Aid Codes 1,250.00 1,250.00 0.00 LA CARE Health Plan, Los Angeles Aid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 511.82 506.83 4.99 Youth Related 452.34 447.26 5.08 Aged, Blind, Disabled 1,948.89 1,812.43 136.46 Other Aid Codes 882.98 885.51 74.47 Health Net, Los Angeles Aid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 497.25 491.50 5.75 Youth Related 437.52 491.50 5.75 Aged, Blind, Disabled 1,977.23 1,829.07 148.16 Other Med/Surg Plan & FFS Paid Plan Paid Other Med/Surg Family 600.57 593.26 7.32 Youth Related 501.58 492.29 9.30 Aged, Blind, Disabled 2,350.90 2,184.00 166.90 Other Med/Surg 581.32 6.47 Youth Related 508.16	Aged, Blind, Disabled	3,696.88	3,515.10	181.78
LA CARE Health Plan, Los Angeles Aid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 511.82 506.83 4.99 Youth Related 452.34 447.26 5.08 Aged, Blind, Disabled 1,948.89 1,812.43 136.46 Other Aid Codes 882.98 808.51 74.47 Health Net, Los Angeles Laid Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 497.25 491.50 5.75 Youth Related 437.52 491.50 5.75 Youth Clated 1,977.23 1,829.07 148.16 Other Aid Codes 2,097.56 1,975.61 121.95 Inland Empire Health Plan, Riverside 40 1,975.61 121.95 Id Code Category Plan & FFS Paid Plan Paid Other Med/Surg Family 600.57 593.26 7.32 Youth Related 501.58 492.29 9.30 Aged, Blind, Disabled 2,350.90 2,184.00 166.90 </td <td></td> <td></td> <td></td> <td></td>				
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Other Aid Codes U.00 U.00 U.00	•			
	Other Ald Codes	0.00	0.00	0.00

(By Aid Code Range)

Two Plan Model (continued)

	- ·	leu)	
San Francisco Health Plan, San			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	335.56	330.01	5.55
Youth Related	334.43	329.55	4.88
Aged, Blind, Disabled	1,738.25	1,573.46	164.79
Other Aid Codes	1,700.00	1,650.00	50.00
Blue Cross of California, San Fi	rancisco		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	589.44	584.12	5.33
Youth Related	445.26	436.81	8.45
Aged, Blind, Disabled	3,279.69	3,075.24	204.46
Other Aid Codes	0.00	0.00	0.00
Health Plan of San Joaquin, Sai	n Joaquin		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	666.78	660.68	6.10
Youth Related	577.23	571.37	5.87
Aged, Blind, Disabled	2,501.63	2,323.96	177.67
Other Aid Codes	0.00	0.00	0.00
Blue Cross of California, San Jo		0.00	0.00
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	688.91	683.79	5.12
Youth Related	621.17	609.27	11.90
Aged, Blind, Disabled	2,550.38	2,363.73	186.64
Other Aid Codes	1,866.67	1,866.67	0.00
		1,000.07	0.00
Santa Clara Family Health Plan,		DI D.: I	011 14 1/0
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	517.46	510.51	6.95
Youth Related	405.61	400.54	5.07
Aged, Blind, Disabled	2,254.81	2,100.49	154.32
Other Aid Codes	833.33	833.33	0.00
Blue Cross of California, Santa			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	825.67	818.42	7.25
Youth Related	570.44	563.36	7.07
Aged, Blind, Disabled	3,375.04	3,166.40	208.64
Other Aid Codes	7,500.00	7,500.00	0.00
Blue Cross/Stanislaus Local Ini	•		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	739.72	731.04	8.68
Youth Related	502.98	499.48	3.50
Aged, Blind, Disabled	4,066.87	3,923.14	143.73
Other Aid Codes	4,250.00	4,250.00	0.00
Blue Cross of California LI, Tula	are		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	735.02	728.34	6.68
Youth Related	643.60	635.72	7.88
Aged, Blind, Disabled	3,256.41	3,083.47	172.94
Other Aid Codes	0.00	0.00	0.00
-			

(By Aid Code Range)

Two Plan Model (continued)

Health Net, Tulare	TWO T Idil Model (continu	icaj	
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Sura
Family	416.53	410.86	Other Med/Surg 5.67
Youth Related	330.47	317.41	13.06
Aged, Blind, Disabled	1,820.21	1,463.55	356.67
Other Aid Codes	1,000.00	1,000.00	0.00
Blue Cross of California, Fresno		1,000.00	0.00
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	780.01	774.18	5.83
Youth Related	695.52	682.25	13.27
Aged, Blind, Disabled	3,695.81	3,538.20	157.61
Other Aid Codes	12,900.00	12,900.00	0.00
Health Net, Fresno	,	,	
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	442.98	436.98	6.00
Youth Related	377.43	366.96	10.48
Aged, Blind, Disabled	1,944.52	1,731.55	212.96
Other Aid Codes	0.00	0.00	0.00
	inty Organized Health Syst	tem Plans	
Santa Barbara Health Initiative,			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	514.97	513.87	1.10
Youth Related	366.62	365.46	1.16
Aged, Blind, Disabled	3,932.90	3,907.89	25.01
Other Aid Codes	1,602.27	1,602.27	0.00
Health Plan of San Mateo, San M		5. 5	011 14 110
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	387.32	385.96	1.36
Youth Related	278.41	275.53	2.89
Aged, Blind, Disabled	2,707.98 1,093.67	2,698.58	9.40 13.50
Other Aid Codes Partnership Health Plan of California		1,080.17	13.50
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	420.68	417.64	3.04
Youth Related	253.46	246.53	6.93
Aged, Blind, Disabled	2,471.73	2,364.90	106.83
Other Aid Codes	896.91	525.77	371.13
Partnership Health Plan of Califo		0_0	0
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	279.49	268.55	10.93
Youth Related	130.70	122.14	8.56
Aged, Blind, Disabled	1,725.95	1,476.11	249.84
Other Aid Codes	262.14	233.01	29.13
Partnership Health Plan of Califo	ornia, Yolo		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	346.92	342.15	4.77
Youth Related	189.88	183.48	6.40
Aged, Blind, Disabled	2,081.88	1,918.85	163.04
Other Aid Codes	1,345.29	1,345.29	0.00

(By Aid Code Range)

County Organized Health Systems (continued)

CalOPTIMA, Orange			
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	602.31	592.60	9.71
Youth Related	489.75	469.32	20.44
Aged, Blind, Disabled	3,599.38	3,359.44	239.94
Other Aid Codes	1,676.59	1,660.70	15.89
Central Coast Alliance for Heal	th, Santa Cruz		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	435.79	425.79	10.00
Youth Related	273.40	246.23	27.18
Aged, Blind, Disabled	2,978.59	2,626.79	351.80
Other Aid Codes	997.96	989.80	8.16
Central Coast Alliance for Heal	th, Monterey		
Aid Code Category	Plan & FFS Paid	Plan Paid	Other Med/Surg
Family	367.76	358.27	9.50
Youth Related	260.53	247.90	12.63
Aged, Blind, Disabled	2,563.61	2,351.35	212.25
Other Aid Codes	1,359.34	1,356.97	2.36

Overall Totals

All Madi Cal	Overan rotals		
All Medi-Cal Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	1,727.11	390.04	1,337.07
Hispanic	503.22	286.38	216.84
Black	1,002.69	354.56	648.13
Asian & Pacific Islander	1,563.93	541.37	1,022.56
Native American/Alaskan	1,072.37	238.04	834.33
Other	2,808.78	498.35	2,310.43
Missing/Invalid	2,547.99	436.74	2,111.25
Medi-Cal Fee-For-Service Prog		100.7 1	2,111.20
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	2,172.26	1.18	2,171.08
Hispanic	449.83	1.03	448.81
Black	1,697.91	2.41	1,695.50
Asian & Pacific Islander	2,112.85	1.07	2,111.78
Native American/Alaskan	1,153.42	0.79	1,152.63
Other	2,960.39	0.60	2,959.79
Missing/Invalid	2,561.42	0.61	2,560.81
Medi-Cal Managed Care (selec			,
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	1,038.51	994.39	44.12
Hispanic	550.59	542.91	7.68
Black	577.72	563.15	14.57
Asian & Pacific Islander	1,061.94	1,036.60	25.34
Native American/Alaskan	860.06	831.24	28.83
Other	2,315.78	2,229.15	86.63
Missing/Invalid	2,326.23	2,152.21	174.02
Geographic Managed Care			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	738.44	720.32	18.12
Hispanic	459.08	451.52	7.56
Black	572.55	560.18	12.38
Asian & Pacific Islander	647.81	633.15	14.66
Native American/Alaskan	806.96	781.43	25.53
Other	2,268.49	2,182.17	86.32
Missing/Invalid	2,267.75	2,042.34	225.42
Two Plan Model			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	810.35	791.19	19.16
Hispanic	546.91	540.84	6.07
Black	540.29	527.78	12.51
Asian & Pacific Islander	786.49	770.17	16.32
Native American/Alaskan	746.84	728.49	18.35
Other	1,131.89	1,092.19	39.70
Missing/Invalid	1,742.42	1,589.73	152.69
County Organized Health Syst		Dlan Daid	Other Mark (Course
Ethnic Group White	Plan & FFS Paid	Plan Paid	Other Med/Surg
	1,832.02	1,706.00	126.02
Hispanic	613.46	596.82	16.63
Black	1,021.43	978.86	42.57 54.54
Asian & Pacific Islander	2,003.66	1,949.11	54.54 91.74
Native American/Alaskan	1,448.57	1,366.84	81.74
Other	3,585.23	3,448.40	136.83
Missing/Invalid	2,951.22	2,764.90	186.32

Overall Totals (continued)

	Overall Totals (continu	ueu)	
All Other Plan Codes			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	1,349.01	561.43	787.58
Hispanic	718.63	381.95	336.67
Black	1,942.16	1,739.24	202.92
Asian & Pacific Islander	1,166.69	668.25	498.45
Native American/Alaskan	1,282.85	272.71	1,010.14
Other	1,038.93	673.79	365.13
		1,253.76	886.16
Missing/Invalid	2,139.93	1,233.70	000.10
G	eographic Managed Car	o Plans	
	ograpine managea oai	C i lalis	
Sharp Health Plan, San Diego	Plan & FFS Paid	Dlan Daid	Other Med/Cura
Ethnic Group		Plan Paid	Other Med/Surg
White	795.54	774.05	21.49
Hispanic	492.23	486.09	6.14
Black	624.40	613.07	11.33
Asian & Pacific Islander	876.86	856.55	20.31
Native American/Alaskan	693.67	664.40	29.27
Other	2,735.35	2,600.00	135.35
Missing/Invalid	2,211.54	1,916.12	295.42
Universal Care, San Diego	2,211.04	1,010.12	200.42
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	685.23	662.49	22.74
Hispanic	369.97	362.11	7.86
Black	494.81	476.40	18.41
Asian & Pacific Islander	505.47	486.81	18.66
Native American/Alaskan	944.57	824.48	120.09
Other	570.51	570.51	0.00
Missing/Invalid	1,864.93	1,529.10	335.82
Community Health Group, San		,	
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	830.21	806.83	23.38
Hispanic	457.58	450.94	6.64
Black	602.97	588.41	14.57
Asian & Pacific Islander	1,082.05	1,056.23	25.81
Native American/Alaskan	929.41	894.12	35.29
Other	2,420.85	2,339.82	81.03
Missing/Invalid	2,494.49	2,323.36	171.14
Blue Cross of California, San D	iego		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	798.21	776.80	21.42
Hispanic	482.93	474.88	8.05
Black	684.74	666.74	18.01
Asian & Pacific Islander	682.83	670.79	12.04
Native American/Alaskan			
	261.15	254.78	6.37
Other	404.76	404.76	0.00
Missing/Invalid	2,508.73	2,159.60	349.13

(By Ethnicity)

Geographic Managed Care Plans (continued)

University of Cal-San Diego	o Health Plan	iano (continuou)	
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	773.73	746.41	27.32
Hispanic	425.81	409.96	15.86
Black	611.02	596.55	14.47
Asian & Pacific Islander	628.60	606.20	22.39
Native American/Alaskan	1,271.03	1,267.91	3.12
Other	3,136.99	2,760.27	376.71
Missing/Invalid	2,473.21	2,193.46	279.75
Health Net, San Diego			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	550.41	527.45	22.97
Hispanic	297.84	288.95	8.90
Black	442.72	432.72	10.00
Asian & Pacific Islander	486.59	477.85	8.75
Native American/Alaskan	391.18	388.24	2.94
Other	1,549.02	1,549.02	0.00
Missing/Invalid	1,479.25	1,152.61	326.64
Kaiser Foundation Health F	Plan, San Diego		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	975.24	952.94	22.30
Hispanic	438.03	434.15	3.89
Black	516.33	510.52	5.81
Asian & Pacific Islander	710.07	691.56	18.51
Native American/Alaskan	1,303.18	1,259.17	44.01
Other	1,664.29	1,628.57	35.71
Missing/Invalid	2,089.93	2,028.25	61.68
Molina Health Care of Calif	ornia, Sacramento		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	590.29	571.00	19.29
Hispanic	427.00	418.66	8.35
Black	469.30	452.85	16.45
Asian & Pacific Islander	454.91	444.11	10.80
Native American/Alaskan	581.50	556.27	25.23
Other	1,779.38	1,611.51	167.87
Missing/Invalid	1,431.05	1,279.28	151.77
Western Health Advantage	, Sacramento		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	761.74	757.61	4.13
Hispanic	475.43	466.68	8.75
Black	623.20	612.37	10.83
Asian & Pacific Islander	723.37	704.01	19.36
Native American/Alaskan	1,003.94	1,003.94	0.00
Other	3,047.09	3,047.09	0.00
Missing/Invalid	2,601.26	2,490.88	110.38
Health Net, Sacramento			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	377.12	360.96	16.16
Hispanic	342.13	336.57	5.55
Black	384.28	370.03	14.25
Asian & Pacific Islander	347.88	336.52	11.36
Native American/Alaskan	347.89	311.11	36.78
Other	1,925.02	1,833.50	91.53
Missing/Invalid	1,445.81	1,220.27	225.55

(By Ethnicity)

Geographic Managed Care Plans (continued)

_	aprile managed care i lan	is (solitiliaca)	
Kaiser, Sacramento	Diag 0 FFO Daid	Dian Daid	Other Med/Com
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	848.97	847.12	1.85
Hispanic	503.19	502.74	0.45
Black	537.50	536.27	1.23
Asian & Pacific Islander	585.22	584.38	0.85
Native American/Alaskan	1,143.70	1,143.70	0.00
Other	1,620.36	1,620.36	0.00
Missing/Invalid	1,807.06	1,789.86	17.20
Blue Cross of California, Sac	ramento		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	743.02	723.44	19.58
Hispanic	548.31	538.31	10.01
Black	653.23	638.81	14.42
Asian & Pacific Islander	633.42	622.96	10.46
Native American/Alaskan	884.46	859.02	25.44
Other	3,009.31	2,875.87	133.44
Missing/Invalid	2,806.74	2,420.71	386.03
	Two Plan Model Pla	ne	
Alemade Allience for Uselth		113	
Alameda Alliance for Health,	Plan & FFS Paid	Plan Paid	Other Med/Cura
Ethnic Group			Other Med/Surg 23.18
White	842.59	819.42	
Hispanic	515.92	507.86	8.06
Black	666.67	650.77	15.89
Asian & Pacific Islander	778.95	765.75	13.20
Native American/Alaskan	820.75	789.40	31.35
Other	2,670.10	2,483.13	186.96
Missing/Invalid	2,074.80	1,882.44	192.36
Blue Cross of California, Alar	neda		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	810.30	796.78	13.52
Hispanic	439.11	431.87	7.24
Black	592.27	580.94	11.33
Asian & Pacific Islander	620.60	607.07	13.53
Native American/Alaskan	610.17	589.83	20.34
Other	2,064.22	1,749.24	314.98
Missing/Invalid	1,988.90	1,841.76	147.13
Contra Costa Health Plan, Co		1,041.70	147.13
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	892.67	869.95	22.71
Hispanic	471.49	465.60	5.89
Black	652.06	639.77	12.29
Asian & Pacific Islander	611.04	597.24	13.80
Native American/Alaskan	1,050.83	994.69	56.15
Other	1,907.98	1,868.74	39.24
Missing/Invalid	2,097.12	1,935.46	161.67

Blue Cross of California,	Contra Costa	no (oontinada)	
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	590.19	578.32	11.87
Hispanic	483.89	476.46	7.43
Black	543.83	539.39	4.44
Asian & Pacific Islander	520.09	515.68	4.41
Native American/Alaskan	725.66	707.96	17.70
Other	1,781.25	1,781.25	0.00
Missing/Invalid	1,179.72	1,136.41	43.32
Kern Family Health Care,	Kern		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	830.96	804.83	26.14
Hispanic	629.43	619.22	10.20
Black	589.29	572.25	17.04
Asian & Pacific Islander	880.88	843.46	37.41
Native American/Alaskan	775.35	749.85	25.51
Other	1,507.73	1,471.65	36.08
Missing/Invalid	2,158.34	1,792.09	366.25
Blue Cross of California,	Kern		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	1,290.57	1,259.41	31.16
Hispanic	787.45	778.82	8.63
Black	916.51	898.27	18.24
Asian & Pacific Islander	1,103.62	1,075.41	28.22
Native American/Alaskan	1,637.37	1,550.58	86.79
Other	3,387.46	3,353.28	34.19
Missing/Invalid	3,447.54	3,228.03	219.51
LA CARE Health Plan, Lo	s Angeles		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	664.78	650.96	13.82
Hispanic	504.69	499.48	5.21
Black	480.53	469.94	10.59
Asian & Pacific Islander	775.80	758.19	17.61
Native American/Alaskan	551.32	540.65	10.68
Other	815.10	786.93	28.17
Missing/Invalid	1,261.62	1,185.66	75.96
Health Net, Los Angeles			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	613.71	596.34	17.37
Hispanic	505.88	500.02	5.86
Black	423.24	410.62	12.61
Asian & Pacific Islander	791.38	775.49	15.89
Native American/Alaskan	637.95	629.89	8.05
Other	718.69	700.74	17.94
Missing/Invalid	1,209.60	1,105.89	103.71
Inland Empire Health Plan		DI D.:1	011 14 110
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	826.10	803.72	22.38
Hispanic	561.70	555.70	6.00
Black	599.65	588.34	11.30
Asian & Pacific Islander	765.96	746.10	19.86
Native American/Alaskan	617.89	609.13	8.76
Other	1,821.34	1,709.45	111.88
Missing/Invalid	1,999.49	1,777.69	221.80

Ethic Group Plan & FFS Paid Plan Paid Other Med/Surg White 756.448 738.877 4.53	Molina Health Care of Californ	ia, Riverside	illinaoa)	
Hispanic 560.02 555.49 4.53 Black 608.45 592.53 15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15.93 3.15	Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
Black	White	756.48	738.87	17.61
Asian & Pacific Islander 628.52	Hispanic	560.02	555.49	4.53
Native American/Alaskan	Black	608.45	592.53	15.93
Other 1,526,32 1,526,32 0.00 Missing/Invalid 1,828,63 1,672,32 163,31 Inland Empire Health Plan, San Bernardino Ethic Group Plan & FFS Paid Plan Paid Other Med/Surg White 828,28 808,21 20,06 Hispanic 626,49 618,96 7,53 Black 595,49 583,71 11,78 Asian & Pacific Islander 853,79 30,15 23,64 Native American/Alaskan 335,60 312,05 23,55 Other 2,048,64 1,988,84 59,81 Missing/Invalid 1,890,98 1,641,48 29,50 Molina Health Care of California, San Bernardino 50 11,418 29,50 White 787,35 768,92 18,43 49,50 White 787,35 768,92 18,43 41,34 420,50 White 787,35 768,92 18,43 43,43 43,43 43,43 43,43 43,43 43,43 43,43 43,43 43,43 </td <td>Asian & Pacific Islander</td> <td>628.52</td> <td>611.73</td> <td>16.78</td>	Asian & Pacific Islander	628.52	611.73	16.78
Missing/Invalid	Native American/Alaskan	414.11	408.76	5.35
Inland Empire Health Plan, San Bernardino Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 828.28 808.21 20.06 Hispanic 626.49 618.96 7.53 Black 595.49 583.71 11.73 Asian & Pacific Islander 853.79 830.15 23.64 Native American/Alaskan 835.60 812.05 23.55 Other 2.048.64 1.988.84 5.945.50 Molina Health Care of California, San Bernardino Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 787.35 768.92 18.43 Hispanic 617.37 609.29 8.08 Black 6573.36 560.53 12.84 Asian & Pacific Islander 735.46 715.34 20.13 Native American/Alaskan 658.49 641.31 17.18 Other Med/Surg White 787.35 768.92 18.40 Native American/Alaskan 658.49 641.31 17.18 Other Med/Surg Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Health Plan, San Francisco Flan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Slack 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Francisco Health Plan, San Francisco 1,249.74 115.76 Blue Cross of California, San Francisco 1,262.77 768.43 2,97.5 Hispanic 567.68 560.82 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08 6.08	Other	1,526.32	1,526.32	0.00
Inland Empire Health Plan, San Bernardino	Missing/Invalid	1,828.63	1,672.32	156.31
White 828.28 808.21 20.06 Hispanic 626.49 618.96 7.53 Black 595.49 583.71 11.78 Asian & Pacific Islander 853.79 830.15 23.64 Native American/Alaskan 835.60 812.05 23.55 Other 2,048.64 1,988.84 59.81 Missing/Invalid 1,890.98 1,641.48 249.50 Molina Health Care of California, San Bernardino Ethnic Group Plan & FFS. Paid Plan Paid Other Med/Surg White 787.35 768.92 18.43 41.34 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.43 41.44 41.44 41.44 41.44 41.44 41.44 41.44 41.44 41.44 41.44 41.44 41.44 41.44 <t< td=""><td></td><td>n Bernardino</td><td></td><td></td></t<>		n Bernardino		
Hispanic G26.49 G18.96 T.53 Black S95.49 S83.71 S33.71	Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
Black	White	828.28	808.21	20.06
Asian & Pacific Islander 853.79 830.15 23.64 Native American/Alaskan 835.60 812.05 23.55 Other 2,048.64 1,988.84 59.81 Missing/Invalid 1,890.98 1,641.48 249.50 Molina Health Care of California, San Bernardino Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 787.35 768.92 18.43 418panic 617.37 609.29 8.08 Black 573.36 560.53 12.84 Asian & Pacific Islander 735.46 715.34 20.13 Native American/Alaskan 658.49 641.31 17.18 014e 014e Missing/Invalid 1,739.27 1,619.58 119.69 5an Francisco Health Plan, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36<	Hispanic	626.49	618.96	7.53
Native American/Alaskan 835.60 812.05 23.55 Other 2,048.64 1,988.84 59.81 Missing/Invalid 1,890.98 1,641.48 249.50 Molina Health Care of California, San Bernardino Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 787.35 768.92 18.43 41.84 Hispanic 617.37 609.29 8.08 Black 573.36 560.53 12.84 Asian & Pacific Islander 735.46 715.34 20.13 Native American/Alaskan 658.49 641.31 17.18 Other 1,419.58 1,339.16 80.42 Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Health Plan, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander <td>Black</td> <td>595.49</td> <td>583.71</td> <td>11.78</td>	Black	595.49	583.71	11.78
Other 2,048.64 1,988.84 59.81 Missing/Invalid 1,890.98 1,641.48 249.50 Molina Health Care of California, San Bernardino Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 787.35 768.92 18.43 Hispanic 617.37 609.29 8.08 Black 573.36 560.53 12.84 Asian & Pacific Islander 735.46 715.34 20.13 Native American/Alaskan 658.49 641.31 17.18 Other 1,419.58 1,339.16 80.42 Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Health Plan, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 <td>Asian & Pacific Islander</td> <td>853.79</td> <td>830.15</td> <td>23.64</td>	Asian & Pacific Islander	853.79	830.15	23.64
Missing/Invalid 1,890.98 1,641.48 249.50 Molina Health Care of California, San Bernardino San Bernardino Chimic Group Plan & FFS Paid Plan Paid Other Med/Surg White 787.35 768.92 18.43 Hispanic 617.37 609.29 8.08 Black 573.36 560.53 12.84 Asian & Pacific Islander 735.46 715.34 20.13 Native American/Alaskan 658.49 641.31 17.18 Other 1,419.58 1,339.16 80.42 Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Health Plan, San Francisco Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 256.4 Other Group Plan	Native American/Alaskan	835.60	812.05	23.55
Molina Health Care of California, San Bernardino Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 787.35 768.92 18.43 Hispanic 617.37 609.29 8.08 Black 573.36 560.53 12.84 Asian & Pacific Islander 735.46 715.34 20.13 Native American/Alaskan 658.49 641.31 17.18 Other 1,419.58 1,339.16 80.42 Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Health Plan, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 30.88 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue	Other	2,048.64	1,988.84	59.81
Molina Health Care of California, San Bernardino Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 787.35 768.92 18.43 Hispanic 617.37 609.29 8.08 Black 573.36 560.53 12.84 Asian & Pacific Islander 735.46 715.34 20.13 Native American/Alaskan 658.49 641.31 17.18 Other 1,419.58 1,339.16 80.42 Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Health Plan, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Blue Cross of C	Missing/Invalid	1,890.98	1,641.48	249.50
Ethnic Group Plan & FFS Paid White Plan Paid New Color New	=	ia, San Bernardino		
Hispanic 617.37 609.29 8.08			Plan Paid	Other Med/Surg
Black	White	787.35	768.92	18.43
Asian & Pacific Islander 735.46 715.34 20.13 Native American/Alaskan 658.49 641.31 17.18 Other 1,419.58 1,339.16 80.42 Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Health Plan, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25	Hispanic	617.37	609.29	8.08
Native American/Alaskan 658.49 641.31 17.18 Other 1,419.58 1,339.16 80.42 Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Health Plan, San Francisco Ethnic Group Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13	Black	573.36	560.53	12.84
Other 1,419.58 Missing/Invalid 1,339.27 1,619.58 80.42 Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39	Asian & Pacific Islander	735.46	715.34	20.13
Missing/Invalid 1,739.27 1,619.58 119.69 San Francisco Health Plan, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70	Native American/Alaskan	658.49	641.31	17.18
San Francisco Health Plan, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid	Other	1,419.58	1,339.16	80.42
Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17	Missing/Invalid	1,739.27	1,619.58	119.69
White 594.35 552.36 42.00 Hispanic 302.78 296.61 6.17 Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Pl	San Francisco Health Plan, Sa	ın Francisco		
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Black 414.28 398.13 16.15 Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco 8 8 256.54 Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25	White	594.35	552.36	42.00
Asian & Pacific Islander 452.36 440.27 12.09 Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21	Hispanic	302.78	296.61	6.17
Native American/Alaskan 366.52 340.87 25.64 Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.7	Black	414.28	398.13	16.15
Other 1,459.92 1,203.38 256.54 Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Ala	Asian & Pacific Islander	452.36	440.27	12.09
Missing/Invalid 1,365.50 1,249.74 115.76 Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32	Native American/Alaskan	366.52	340.87	25.64
Blue Cross of California, San Francisco Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	Other	1,459.92	1,203.38	256.54
Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	Missing/Invalid	1,365.50	1,249.74	115.76
White 798.17 768.43 29.75 Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	Blue Cross of California, San	Francisco		
Hispanic 567.68 560.82 6.86 Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	•			
Black 626.25 610.84 15.42 Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	White			
Asian & Pacific Islander 765.46 752.08 13.39 Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70				
Native American/Alaskan 1,262.77 970.80 291.97 Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70				
Other 5,217.70 5,074.34 143.36 Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70			752.08	13.39
Missing/Invalid 2,706.93 2,536.76 170.17 Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	Native American/Alaskan	1,262.77		
Health Plan of San Joaquin, San Joaquin Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	Other	5,217.70	5,074.34	143.36
Ethnic Group Plan & FFS Paid Plan Paid Other Med/Surg White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	Missing/Invalid	2,706.93	2,536.76	170.17
White 930.49 906.24 24.25 Hispanic 630.35 623.81 6.54 Black 786.88 770.21 16.66 Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	Health Plan of San Joaquin, S			
Hispanic630.35623.816.54Black786.88770.2116.66Asian & Pacific Islander779.39762.7516.64Native American/Alaskan1,015.061,002.9012.17Other2,893.022,782.32110.70	•			_
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Asian & Pacific Islander 779.39 762.75 16.64 Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70	Hispanic			
Native American/Alaskan 1,015.06 1,002.90 12.17 Other 2,893.02 2,782.32 110.70				
Other 2,893.02 2,782.32 110.70				
Missing/Invalid 2,135.70 1,936.58 199.11				
	Missing/Invalid	2,135.70	1,936.58	199.11

Blue Cross of California, S	an Joaquin	- (
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	868.15	853.69	14.46
Hispanic	660.70	654.95	5.75
Black	709.09	695.68	13.41
Asian & Pacific Islander	780.51	771.70	8.81
Native American/Alaskan	731.37	729.04	2.33
Other	2,362.07	2,362.07	0.00
Missing/Invalid	2,211.45	1,902.12	309.33
Santa Clara Family Health	Plan, Santa Clara		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	758.54	738.55	19.98
Hispanic	407.29	400.40	6.89
Black	487.89	477.88	10.01
Asian & Pacific Islander	847.90	833.67	14.24
Native American/Alaskan	727.15	713.25	13.91
Other	2,528.60	2,453.65	74.95
Missing/Invalid	2,298.44	1,998.90	299.54
Blue Cross of California, S	anta Clara		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	992.66	948.98	43.68
Hispanic	524.86	515.22	9.64
Black	619.65	597.72	21.93
Asian & Pacific Islander	1,105.11	1,094.66	10.45
Native American/Alaskan	846.15	814.41	31.75
Other	4,013.89	3,835.65	178.24
Missing/Invalid	3,166.73	2,905.34	261.39
Blue Cross/Stanislaus Loc			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	1,158.69	1,135.87	22.82
Hispanic	663.27	656.98	6.29
Black	1,007.21	989.37	17.84
Asian & Pacific Islander	904.48	885.85	18.62
Native American/Alaskan	1,156.06	1,128.07	27.99
Other	3,464.58	3,441.67	22.92
Missing/Invalid	3,491.97	3,289.51	202.46
Blue Cross of California LI			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	1,096.14	1,076.41	19.73
Hispanic	708.84	702.11	6.73
Black	796.50	789.83	6.67
Asian & Pacific Islander	770.31	744.59	25.72
Native American/Alaskan	860.49	826.79	33.70
Other	2,973.49	2,879.52	93.98
Missing/Invalid	2,934.55	2,722.10	212.45
Health Net, Tulare	Diam 0 FFO Daid	Dian Daid	Others Mark/Overs
Ethnic Group White	Plan & FFS Paid 543.33	Plan Paid 526.83	Other Med/Surg 16.50
Hispanic	402.49	396.97	5.51
Black Asian & Pacific Islander	359.31 471.60	348.51	10.80
	471.69	405.82	65.87
Native American/Alaskan	342.18	335.20	6.98
Other	3,193.55	2,983.87	209.68
Missing/Invalid	1,658.62	1,123.04	535.59

(By Ethnicity)

	Two Plan Model Plans (co	ntinuea)	
Blue Cross of California, Fr	esno		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	1,261.37	1,241.88	19.48
Hispanic	820.06	813.84	6.22
Black	1,004.21	987.83	16.38
Asian & Pacific Islander	809.22	790.15	19.07
			8.41
Native American/Alaskan	1,212.32	1,203.91	
Other	3,996.96	3,910.86	86.10
Missing/Invalid	3,095.65	2,831.26	264.40
Health Net, Fresno			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	565.93	555.65	10.28
Hispanic	453.23	446.18	7.05
Black	386.76	364.76	22.01
Asian & Pacific Islander	514.80	503.04	11.77
Native American/Alaskan	501.14	481.40	19.74
Other	2,945.45	2,886.36	59.09
Missing/Invalid	1,729.15	1,358.68	370.46
wiissii ig/ii waliu	1,729.15	1,330.00	370.40
C	ounty Organized Health Sy	stom Plans	
		Sterri i idris	
Santa Barbara Health Initiat		Dian Daid	Other Medice
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	2,519.52	2,503.81	15.71
Hispanic	702.26	700.12	2.14
Black	1,746.87	1,738.19	8.67
Asian & Pacific Islander	2,284.69	2,272.10	12.60
Native American/Alaskan	2,100.69	2,088.44	12.25
Other	3,441.54	3,400.10	41.43
Missing/Invalid	3,615.90	3,592.68	23.21
Health Plan of San Mateo, S		,	
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	1,992.83	1,985.12	7.72
Hispanic	601.28	599.11	2.17
Black	1,263.46	1,259.20	4.26
Asian & Pacific Islander	1,600.97	1,596.15	4.82
		1,140.16	2.22
Native American/Alaskan	1,142.38	•	
Other	3,102.04	3,083.36	18.68
Missing/Invalid	2,461.22	2,453.08	8.13
Partnership Health Plan of (California, Solano		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg
White	1,381.09	1,322.11	58.97
Hispanic	497.79	488.19	9.60
Black	856.41	825.76	30.65
Asian & Pacific Islander	1,177.39	1,157.12	20.28
Native American/Alaskan	1,243.36	1,160.69	82.67
Other	2,400.12	2,309.23	90.90
	2,281.13	2,203.50	77.62
Missing/Invalid	2,201.13	2,203.50	11.02

(By Ethnicity)

County Organized Health System Plans (continued)

County Organized Health System Flans (Continued)				
Partnership Health Plan of Ca		5. 5.		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg	
White	1,101.40	949.49	151.91	
Hispanic	281.24	267.87	13.37	
Black	780.83	689.35	91.47	
Asian & Pacific Islander	855.84	782.74	73.10	
Native American/Alaskan	666.07	590.66	75.40	
Other	1,450.52	1,138.85	311.67	
Missing/Invalid	1,797.29	1,559.73	237.56	
Partnership Health Plan of Ca	alifornia, Yolo			
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg	
White	1,067.61	989.30	78.31	
Hispanic	440.31	428.31	12.00	
Black	807.37	743.47	63.90	
Asian & Pacific Islander	727.69	700.11	27.58	
Native American/Alaskan	987.80	934.80	53.00	
Other	2,107.87	1,978.43	129.45	
Missing/Invalid	1,866.30	1,753.50	112.81	
CalOPTIMA, Orange				
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg	
White	1,951.55	1,777.80	173.75	
Hispanic	653.88	633.22	20.66	
Black	1,040.96	967.90	73.06	
Asian & Pacific Islander	2,213.31	2,149.76	63.56	
Native American/Alaskan	1,601.54	1,473.05	128.49	
Other	4,073.63	3,909.20	164.43	
Missing/Invalid	3,333.74	3,079.58	254.16	
Central Coast Alliance for He		•		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg	
White	1,800.77	1,603.18	197.59	
Hispanic	590.28	561.62	28.65	
Black	1,230.74	1,114.81	115.93	
Asian & Pacific Islander	1,888.97	1,684.98	203.99	
Native American/Alaskan	1,601.29	1,459.05	142.24	
Other	2,953.34	2,519.65	433.69	
Missing/Invalid	2,759.52	2,385.71	373.81	
Central Coast Alliance for He		_,, -, -, -, -, -, -, -, -, -, -, -, -, -		
Ethnic Group	Plan & FFS Paid	Plan Paid	Other Med/Surg	
White	1,621.51	1,474.99	146.52	
Hispanic	522.24	502.66	19.58	
Black	982.93	880.57	102.37	
Asian & Pacific Islander	1,503.95	1,408.28	95.66	
Native American/Alaskan	1,209.69	1,076.25	133.44	
Other	2,566.29	2,415.43	150.86	
Missing/Invalid	2,345.12	2,140.55	204.57	
ivilosii ig/ii i valia	2,040.12	2,170.00	204.07	

Top Ten Prescriptions by Volume, Paid by Fee for Service Dates of Service Between January 1, 2003 and December 31, 2003

(in highest volume order)

Medi-Cal Fee for Service Program

Rank	Description	Therapeutic Class
1	No NDC Given	No NDC Given
2	Hydrocodone Bit/Acetaminophen	Analgesics, Narcotics
3	Atorvastatin Calcium	Lipotropics
4	Acetaminophen	Analgesic/Antipyretics,Non-Salicylate
5	Codeine Phos/Acetaminophen	Analgesics, Narcotics
6	Ibuprofen	Nsaids, Cyclooxygenase Inhibitor - Type
7	Celecoxib	Nsaids, Cyclooxygenase Inhibitor - Type
8	Furosemide	Loop Diuretics
9	Amoxicillin Trihydrate	Penicillins
10	Amlodipine Besylate	Calcium Channel Blocking Agents

Geographic Managed Care

3 1		
Rank	Description	Therapeutic Class
1	No NDC Given	No NDC Given
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
4	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
5	Lithium Carbonate	Anti-Mania Drugs
6	Benztropine Mesylate	Antiparkinsonism Drugs, Anticholinergic
7	Ziprasidone HCI	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
8	Haloperidol	Antipsychotics, Dopamine Antagonists, Butyrophenones
9	Compounded Drug	No Desc
10	Clozapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag

Two Plan Model

Rank	Description	Therapeutic Class
1	No NDC Given	No NDC Given
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
4	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
5	Benztropine Mesylate	Antiparkinsonism Drugs, Anticholinergic
6	Lithium Carbonate	Anti-Mania Drugs
7	Ziprasidone HCI	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
8	Amantadine HCl	Antiparkinsonism Drugs, Other
9	Haloperidol	Antipsychotics, Dopamine Antagonists, Butyrophenones
10	Compounded Drug	No Desc

Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
4	No NDC Given	No NDC Given
5	Benztropine Mesylate	Antiparkinsonism Drugs, Anticholinergic
6	Clozapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
7	Lithium Carbonate	Anti-Mania Drugs
8	Haloperidol	Antipsychotics, Dopamine Antagonists, Butyrophenones
9	Ziprasidone HCI	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
10	Amantadine HCI	Antiparkinsonism Drugs, Other

Top Ten Prescriptions by Total Cost, Paid by Fee for Service Dates of Service Between January 1, 2003 and December 31, 2003

(in highest cost order)

Medi-Cal Fee for Service Program

Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Lansoprazole	Gastric Acid Secretion Reducers
4	Atorvastatin Calcium	Lipotropics
5	Celecoxib	Nsaids, Cyclooxygenase Inhibitor - Type
6	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
7	Gabapentin	Anticonvulsants
8	Simvastatin	Lipotropics
9	Omeprazole	Gastric Acid Secretion Reducers
10	Epoetin Alfa	Hematinics,Other

Geographic Managed Care

Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
4	Somatropin	Growth Hormones
5	Ziprasidone HCl	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
6	Palivizumab	Antiviral Monoclonal Antibodies
7	Pegfilgrastim	Leukocyte (Wbc) Stimulants
8	Omeprazole	Gastric Acid Secretion Reducers
9	Caspofungin Acetate	Antifungal Antibiotics
10	Lamivudine/Zidovudine	Antivirals, HIV-Spec., Nucleoside Analog, Rti Comb

Two Plan Model

Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Epoetin Alfa	Hematinics, Other
4	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
5	Imiglucerase	Enzyme Replacements (Ubiquitous Enzymes)
6	Somatropin	Growth Hormones
7	Ziprasidone HCI	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
8	Lamivudine/Zidovudine	Antivirals, HIV-Spec., Nucleoside Analog, Rti Comb
9	Abacavir/Lamivudine/Zidovudine	Antivirals, HIV-Spec., Nucleoside Analog, Rti Comb
10	Ritonavir/Lopinavir	Antivirals, HIV-Specific, Protease Inhibitor Comb

Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
4	Clozapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
5	Caspofungin Acetate	Antifungal Antibiotics
6	Ziprasidone HCl	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
7	Somatropin	Growth Hormones
8	Aripiprazole	Antipsychotics, Atyp, D2 Partial Agonist/5ht Mixed
9	Tenofovir Disoproxil Fumarate	Antivirals, HIV-Specific, Nucleotide Analog, Rti
10	Ritonavir/Lopinavir	Antivirals, HIV-Specific, Protease Inhibitor Comb

Top Ten Prescriptions by Volume, Paid by Plans Dates of Service Between January 1, 2003 and December 31, 2003

(in highest volume order)

Medi-Cal Fee for Service Program

Rank	Description	Therapeutic Class
1	Amoxicillin Trihydrate	Penicillins
2	Ibuprofen	Nsaids, Cyclooxygenase Inhibitor - Type
3	Acetaminophen	Analgesic/Antipyretics,Non-Salicylate
4	Hydrocodone Bit/Acetaminophen	Analgesics, Narcotics
5	Albuterol	Beta-Adrenergic Agents
6	Codeine Phos/Acetaminophen	Analgesics, Narcotics
7	Ferrous Sulfate	Iron Replacement
8	Cephalexin Monohydrate	Cephalosporins - 1st Generation
9	Albuterol Sulfate	Beta-Adrenergic Agents
10	D-Methorphan Hb/Prometh HCl	Non-Narc Antitussive-1st Gen Antihistamine Comb.

Geographic Managed Care

Rank	Description	Therapeutic Class
1	Amoxicillin Trihydrate	Penicillins
2	Ibuprofen	Nsaids, Cyclooxygenase Inhibitor - Type
3	Hydrocodone Bit/Acetaminophen	Analgesics, Narcotics
4	Acetaminophen	Analgesic/Antipyretics,Non-Salicylate
5	Albuterol	Beta-Adrenergic Agents
6	Codeine Phos/Acetaminophen	Analgesics, Narcotics
7	Triamcinolone Acetonide	Topical Anti-Inflammatory Steroidal
8	Cephalexin Monohydrate	Cephalosporins - 1st Generation
9	Albuterol Sulfate	Beta-Adrenergic Agents
10	Atorvastatin Calcium	Lipotropics

Two Plan Model

Rank	Description	Therapeutic Class
1	Amoxicillin Trihydrate	Penicillins
2	Ibuprofen	Nsaids, Cyclooxygenase Inhibitor - Type
3	Acetaminophen	Analgesic/Antipyretics,Non-Salicylate
4	D-Methorphan Hb/Prometh HCl	Non-Narc Antitussive-1st Gen Antihistamine Comb.
5	Albuterol	Beta-Adrenergic Agents
6	Hydrocodone Bit/Acetaminophen	Analgesics, Narcotics
7	Cephalexin Monohydrate	Cephalosporins - 1st Generation
8	Codeine Phos/Acetaminophen	Analgesics, Narcotics
9	Albuterol Sulfate	Beta-Adrenergic Agents
10	Triamcinolone Acetonide	Topical Anti-Inflammatory Steroidal

Rank	Description	Therapeutic Class
1	Amoxicillin Trihydrate	Penicillins
2	Hydrocodone Bit/Acetaminophen	Analgesics, Narcotics
3	Atorvastatin Calcium	Lipotropics
4	Ibuprofen	Nsaids, Cyclooxygenase Inhibitor - Type
5	Acetaminophen	Analgesic/Antipyretics,Non-Salicylate
6	Aspirin	Analgesic/Antipyretics, Salicylates
7	Levothyroxine Sodium	Thyroid Hormones
8	Albuterol	Beta-Adrenergic Agents
9	No NDC Given	No NDC Given
10	Metformin HCI	Hypoglycemics, Biguanide Type (Non-Sulfonylureas)

Top Ten Prescriptions by Total Cost, Paid by Plans Dates of Service Between January 1, 2003 and December 31, 2003

(in highest cost order)

Medi-Cal Fee for Service Program

Rank	Description	Therapeutic Class
1	Atorvastatin Calcium	Lipotropics
2	Albuterol	Beta-Adrenergic Agents
3	Lansoprazole	Gastric Acid Secretion Reducers
4	Gabapentin	Anticonvulsants
5	Metformin HCI	Hypoglycemics, Biguanide Type (Non-Sulfonylureas)
6	Fluoxetine HCI	Selective Serotonin Reuptake Inhibitor (SSRIS)
7	Pantoprazole Sodium	Gastric Acid Secretion Reducers
8	Budesonide	Nasal Anti-Inflammatory Steroids
9	Blood Sugar Diagnostic	Blood Sugar Diagnostics
10	Cephalexin Monohydrate	Cephalosporins - 1st Generation

Geographic Managed Care

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Rank	Description	Therapeutic Class
1	Fluoxetine HCI	Selective Serotonin Reuptake Inhibitor (SSRIS)
2	Atorvastatin Calcium	Lipotropics
3	Paroxetine HCl	Selective Serotonin Reuptake Inhibitor (SSRIS)
4	Albuterol	Beta-Adrenergic Agents
5	Gabapentin	Anticonvulsants
6	Metformin HCI	Hypoglycemics, Biguanide Type (Non-Sulfonylureas)
7	Hydrocodone Bit/Acetaminophen	Analgesics, Narcotics
8	Divalproex Sodium	Anticonvulsants
9	Pantoprazole Sodium	Gastric Acid Secretion Reducers
10	Venlafaxine HCI	Serotonin-Norepinephrine Reuptake-Inhib (SNRIS)

Two Plan Model

Rank	Description	Therapeutic Class
1	Atorvastatin Calcium	Lipotropics
2	Albuterol	Beta-Adrenergic Agents
3	Cephalexin Monohydrate	Cephalosporins - 1st Generation
4	Metformin HCI	Hypoglycemics, Biguanide Type (Non-Sulfonylureas)
5	Fluoxetine HCI	Selective Serotonin Reuptake Inhibitor (SSRIS)
6	Amoxicillin Trihydrate	Penicillins
7	Paroxetine HCI	Selective Serotonin Reuptake Inhibitor (SSRIS)
8	Blood Sugar Diagnostic	Blood Sugar Diagnostics
9	Ibuprofen	Nsaids, Cyclooxygenase Inhibitor - Type
10	Ranitidine HCI	Gastric Acid Secretion Reducers

Rank	Description	Therapeutic Class
1	Atorvastatin Calcium	Lipotropics
2	Interferon Beta-1a/Albumin	Agents To Treat Multiple Sclerosis
3	Ranitidine HCl	Gastric Acid Secretion Reducers
4	Fluoxetine HCI	Selective Serotonin Reuptake Inhibitor (SSRIS)
5	Pantoprazole Sodium	Gastric Acid Secretion Reducers
6	Metformin HCl	Hypoglycemics, Biguanide Type (Non-Sulfonylureas)
7	Divalproex Sodium	Anticonvulsants
8	Gabapentin	Anticonvulsants
9	Amlodipine Besylate	Calcium Channel Blocking Agents
10	Pioglitazone HCl	Hypoglycemics, Insulin-Response Enhancer (N-S)

Top Ten Prescriptions by Volume, Paid by All Dates of Service Between January 1, 2003 and December 31, 2003

(in highest volume order)

Medi-Cal Fee for Service Program

Rank	Description	Therapeutic Class
1	No NDC Given	No NDC Given
2	Hydrocodone Bit/Acetaminophen	Analgesics, Narcotics
3	Atorvastatin Calcium	Lipotropics
4	Acetaminophen	Analgesic/Antipyretics,Non-Salicylate
5	Codeine Phos/Acetaminophen	Analgesics, Narcotics
6	Ibuprofen	Nsaids, Cyclooxygenase Inhibitor - Type
7	Celecoxib	Nsaids, Cyclooxygenase Inhibitor - Type
8	Furosemide	Loop Diuretics
9	Amoxicillin Trihydrate	Penicillins
10	Amlodipine Besylate	Calcium Channel Blocking Agents

Geographic Managed Care

•	•	
Rank	Description	Therapeutic Class
1	Amoxicillin Trihydrate	Penicillins
2	Ibuprofen	Nsaids, Cyclooxygenase Inhibitor - Type
3	Hydrocodone Bit/Acetaminophen	Analgesics, Narcotics
4	Acetaminophen	Analgesic/Antipyretics,Non-Salicylate
5	Albuterol	Beta-Adrenergic Agents
6	Codeine Phos/Acetaminophen	Analgesics, Narcotics
7	Triamcinolone Acetonide	Topical Anti-Inflammatory Steroidal
8	Cephalexin Monohydrate	Cephalosporins - 1st Generation
9	No NDC Given	No NDC Given
10	Albuterol Sulfate	Beta-Adrenergic Agents

Two Plan Model

Rank	Description	Therapeutic Class
1	No NDC Given	No NDC Given
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
4	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
5	Benztropine Mesylate	Antiparkinsonism Drugs, Anticholinergic
6	Lithium Carbonate	Anti-Mania Drugs
7	Ziprasidone HCl	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
8	Amantadine HCI	Antiparkinsonism Drugs, Other
9	Haloperidol	Antipsychotics, Dopamine Antagonists, Butyrophenones
10	Compounded Drug	No Desc

Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
4	No NDC Given	No NDC Given
5	Benztropine Mesylate	Antiparkinsonism Drugs, Anticholinergic
6	Clozapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
7	Lithium Carbonate	Anti-Mania Drugs
8	Haloperidol	Antipsychotics, Dopamine Antagonists, Butyrophenones
9	Ziprasidone HCI	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
10	Amantadine HCI	Antiparkinsonism Drugs, Other

Top Ten Prescriptions by Total Cost, Paid by All Dates of Service Between January 1, 2003 and December 31, 2003

(in highest cost order)

Medi-Cal Fee for Service Program

Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Lansoprazole	Gastric Acid Secretion Reducers
4	Atorvastatin Calcium	Lipotropics
5	Celecoxib	Nsaids, Cyclooxygenase Inhibitor - Type
6	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
7	Gabapentin	Anticonvulsants
8	Simvastatin	Lipotropics
9	Omeprazole	Gastric Acid Secretion Reducers
10	Epoetin Alfa	Hematinics,Other

Geographic Managed Care

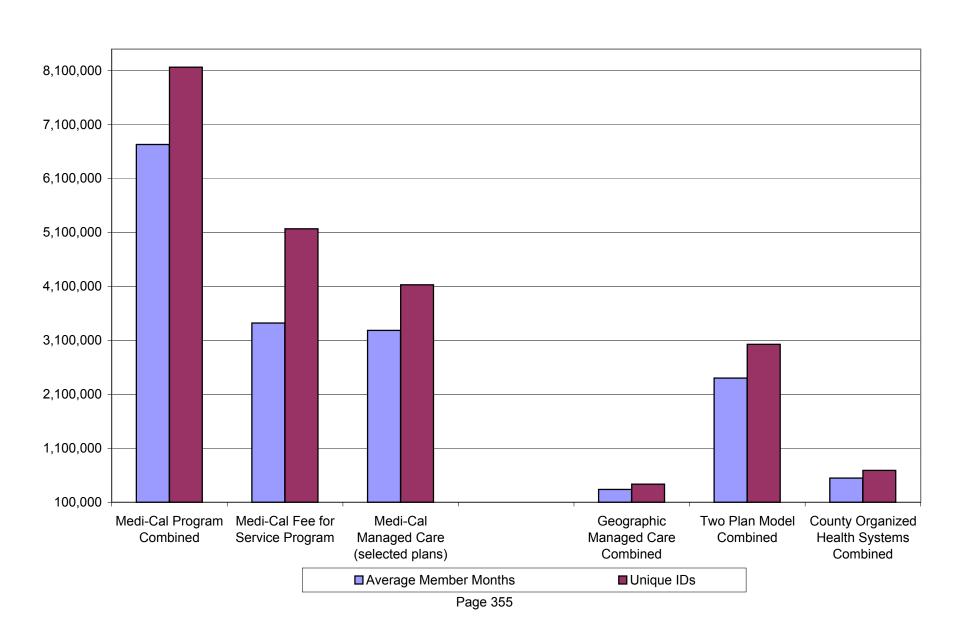
Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Fluoxetine HCI	Selective Serotonin Reuptake Inhibitor (SSRIS)
4	Atorvastatin Calcium	Lipotropics
5	Paroxetine HCI	Selective Serotonin Reuptake Inhibitor (SSRIS)
6	Albuterol	Beta-Adrenergic Agents
7	Gabapentin	Anticonvulsants
8	Metformin HCI	Hypoglycemics, Biguanide Type (Non-Sulfonylureas)
9	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
10	Hydrocodone Bit/Acetaminophen	Analgesics, Narcotics

Two Plan Model

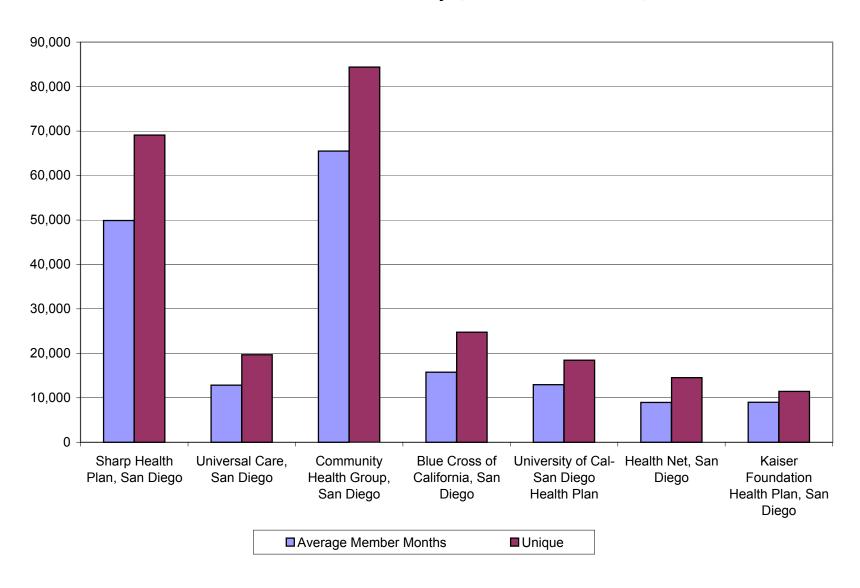
Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Epoetin Alfa	Hematinics, Other
4	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
5	Imiglucerase	Enzyme Replacements (Ubiquitous Enzymes)
6	Somatropin	Growth Hormones
7	Ziprasidone HCI	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
8	Lamivudine/Zidovudine	Antivirals, HIV-Spec., Nucleoside Analog, Rti Comb
9	Abacavir/Lamivudine/Zidovudine	Antivirals, HIV-Spec., Nucleoside Analog, Rti Comb
10	Ritonavir/Lopinavir	Antivirals, HIV-Specific, Protease Inhibitor Comb

Rank	Description	Therapeutic Class
1	Olanzapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
2	Risperidone	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
3	Quetiapine Fumarate	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
4	Clozapine	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
5	Caspofungin Acetate	Antifungal Antibiotics
6	Ziprasidone HCl	Antipsychotics, Atypical, Dopamine, & Serotonin Antag
7	Somatropin	Growth Hormones
8	Aripiprazole	Antipsychotics, Atyp, D2 Partial Agonist/5ht Mixed
9	Tenofovir Disoproxil Fumarate	Antivirals, HIV-Specific, Nucleotide Analog, Rti
10	Ritonavir/Lopinavir	Antivirals, HIV-Specific, Protease Inhibitor Comb

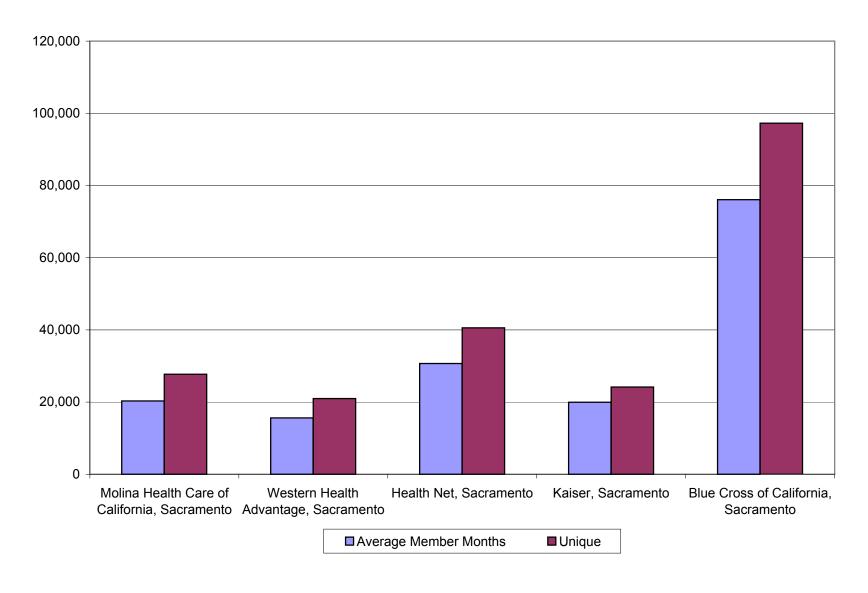
Medi-Cal Program Average c/w Unique Members per Month Enrolled Between January 1, 2003 and December 31, 2003



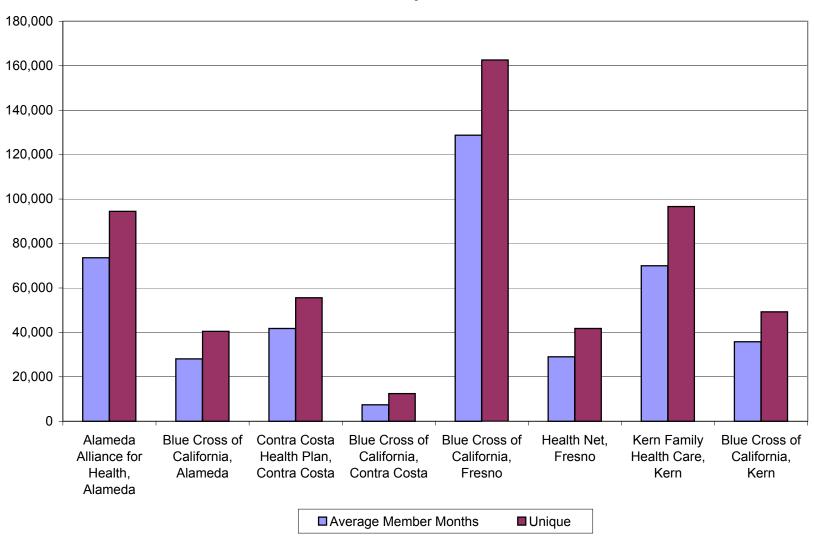
San Diego Geographic Managed Care Average c/w Unique Members Enrolled Between January 1, 2003 and December 31, 2003



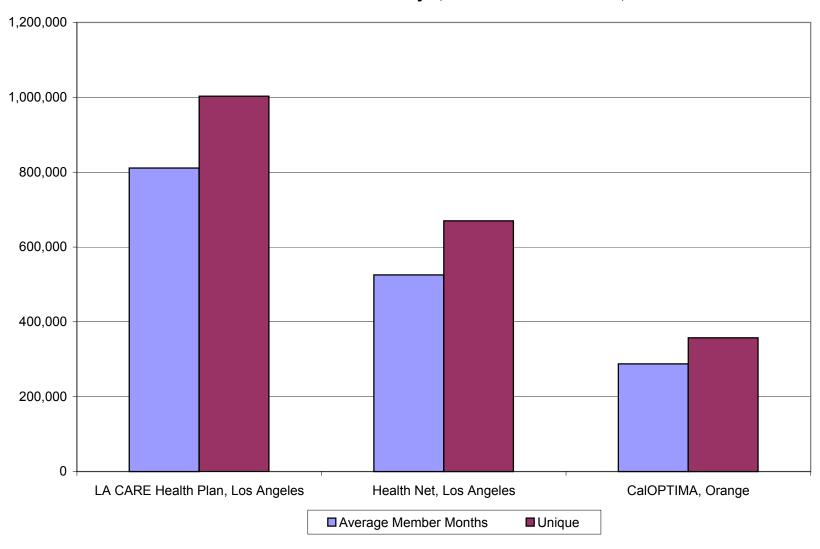
Sacramento Geographic Managed Care Average c/w Unique Members Enrolled Between January 1, 2003 and December 31, 2003



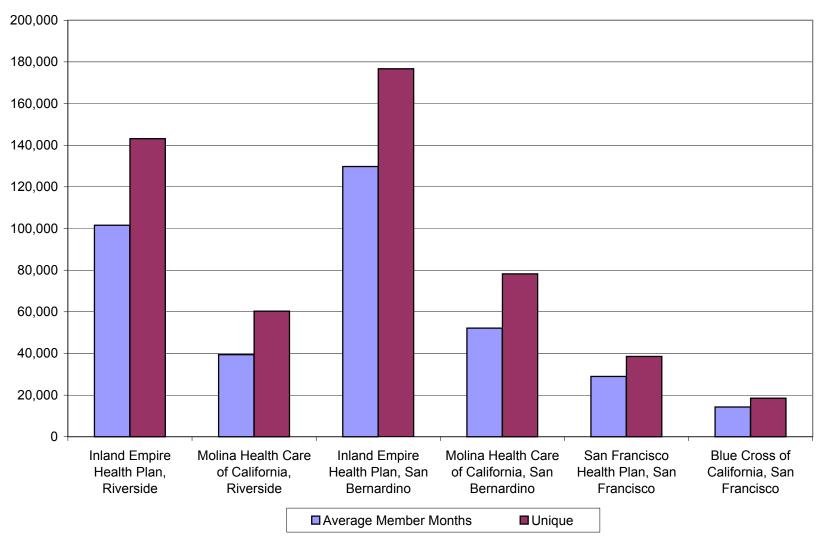
Two Plan Model Local Initiative and Commercial Plans Alameda - Kern Counties Average c/w Unique Members Enrolled Between January 1, 2003 and December 31, 2003



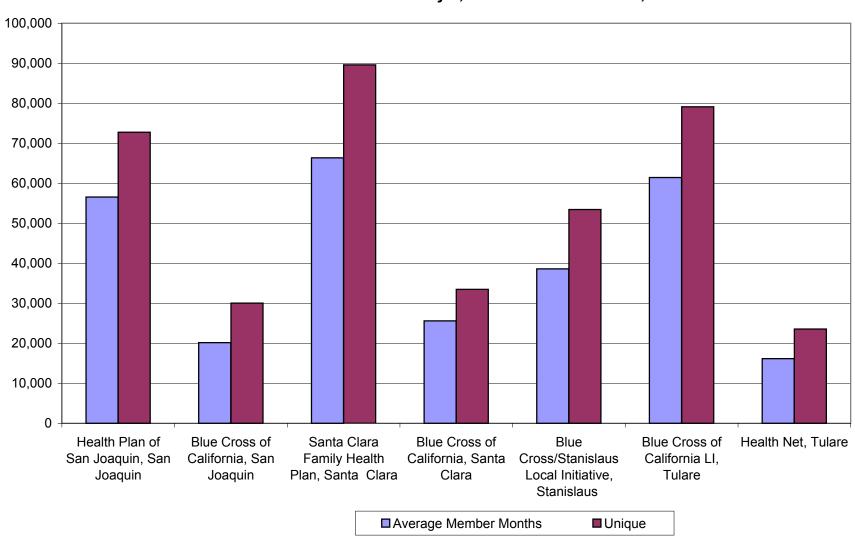
Two Plan Model LA County, County Organized Health System Orange County Average c/w Unique Members Enrolled Between January 1, 2003 and December 31, 2003



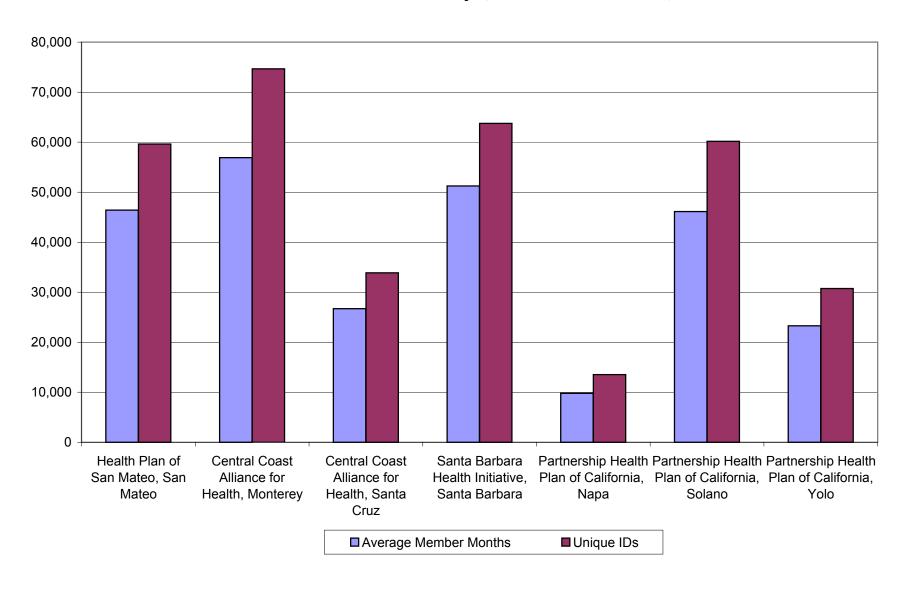
Two Plan Model Local Initiative and Commercial Plans Riverside - San Francisco Counties Average c/w Unique Members Enrolled Between January 1, 2003 and December 31, 2003



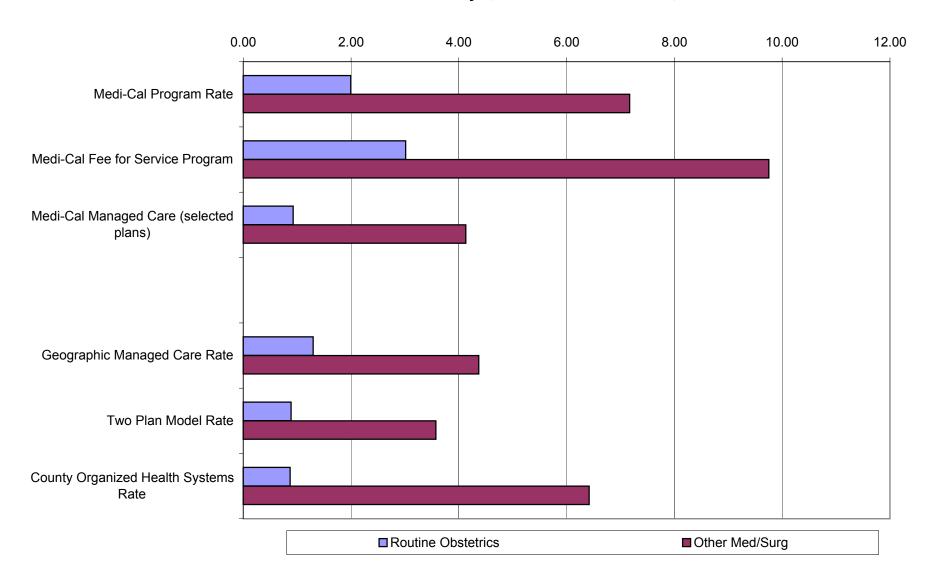
Two Plan Model Local Initiative and Commercial Plans San Joaquin - Tulare Counties Average c/w Unique Members Enrolled Between January 1, 2003 and December 31, 2003



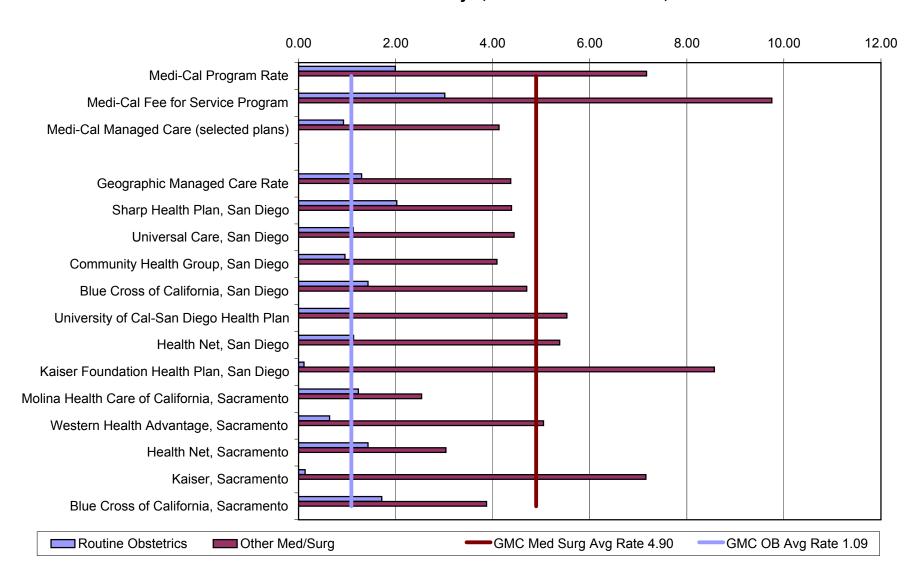
County Organized Health System Through Yolo Counties Average c/w Unique Members Enrolled Between January 1, 2003 and December 31, 2003



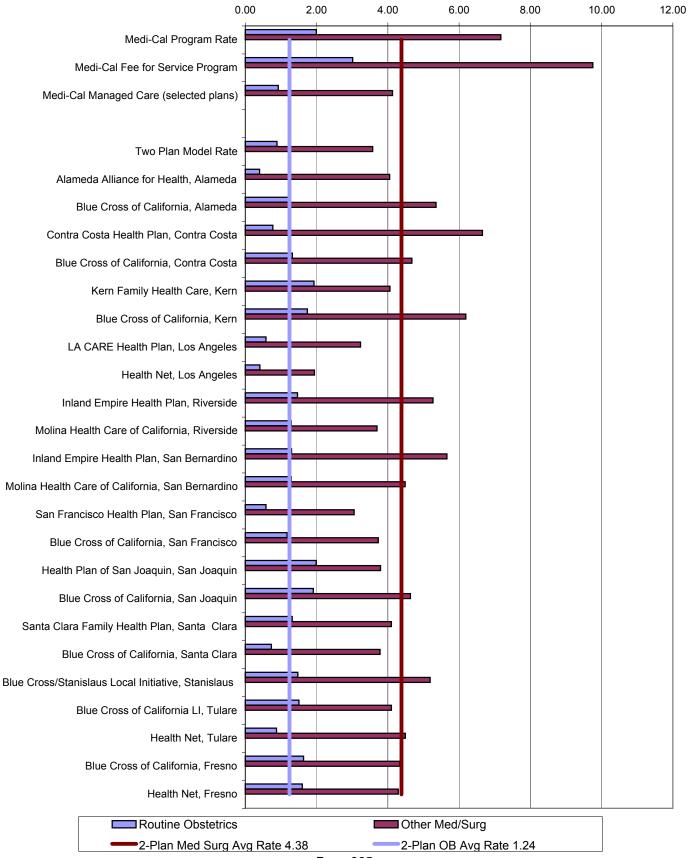
Medi-Cal Program Inpatient Admits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



Geographic Managed Care Inpatient Admits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003

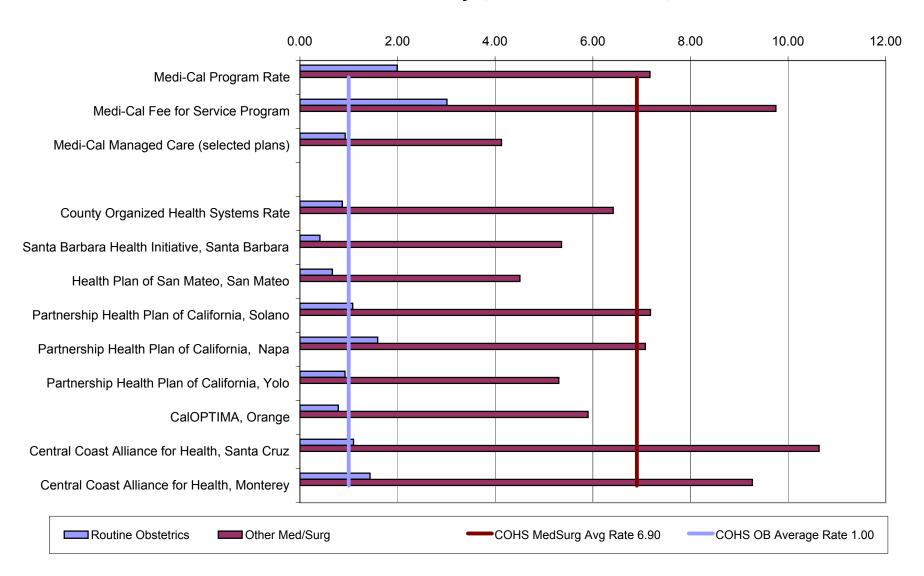


Two Plan Model Inpatient Admits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003

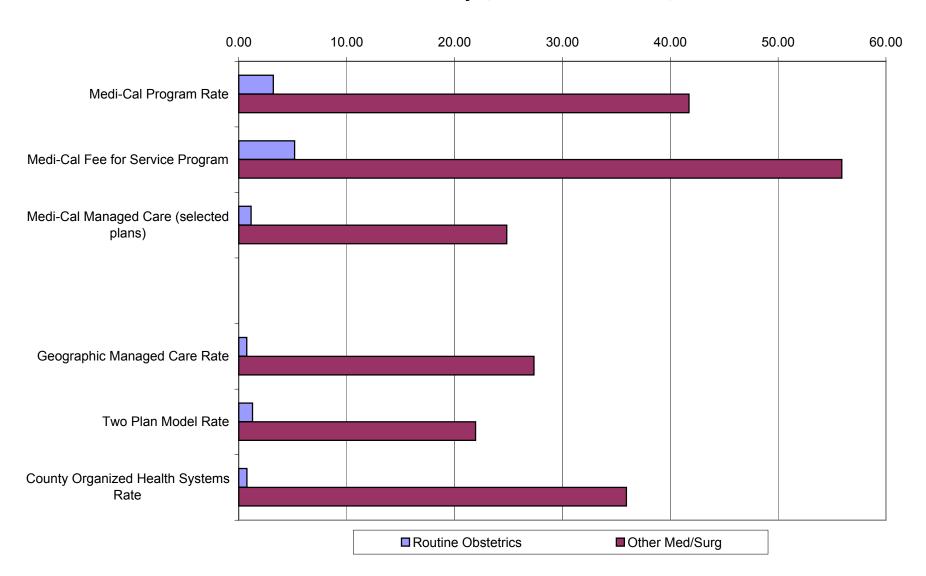


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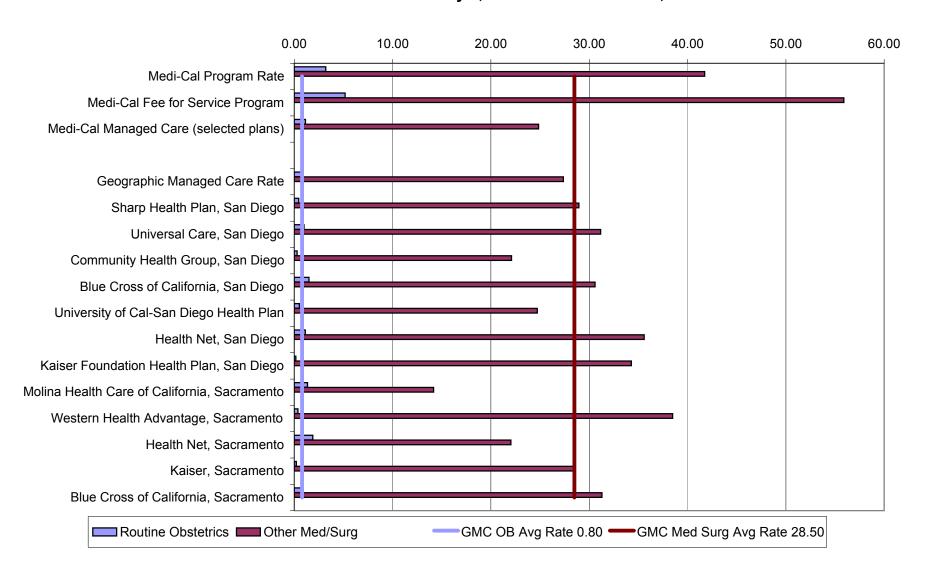
County Organized Health Systems Inpatient Admits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



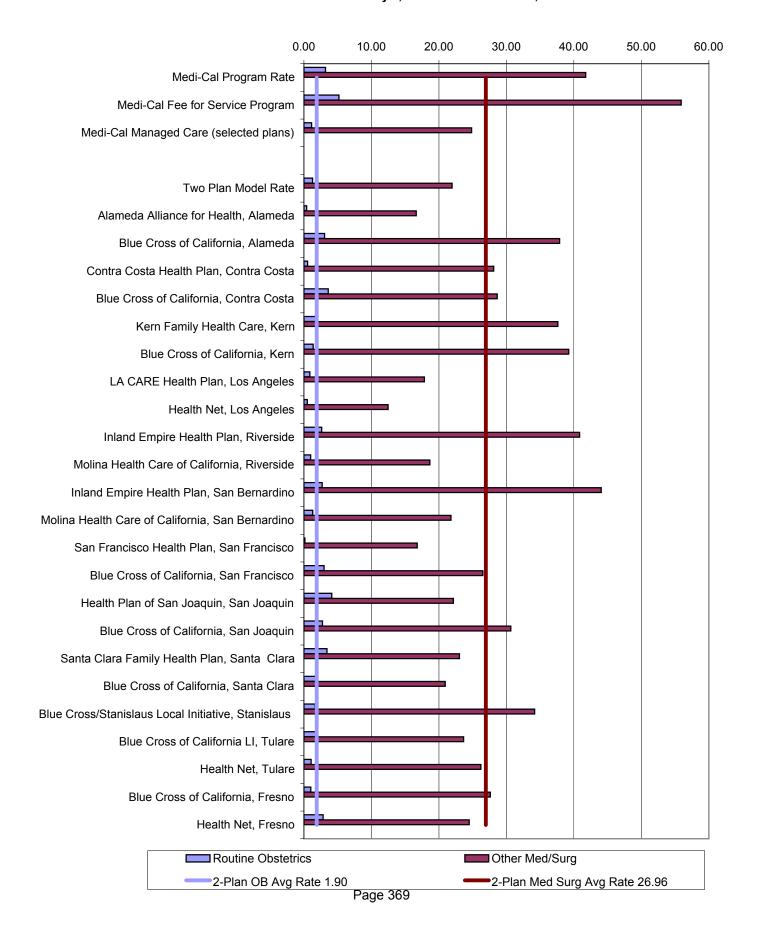
Inpatient Days per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



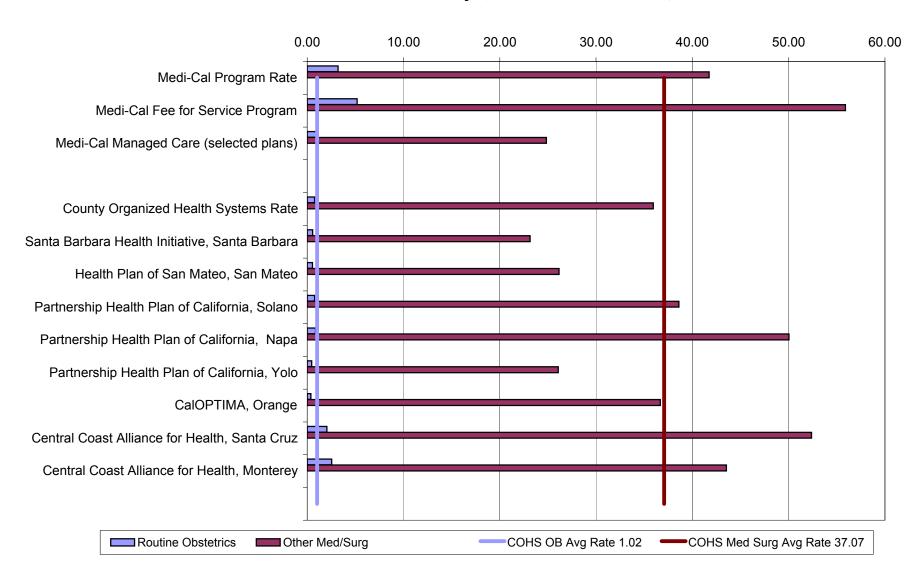
Geographic Managed Care Inpatient Days per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



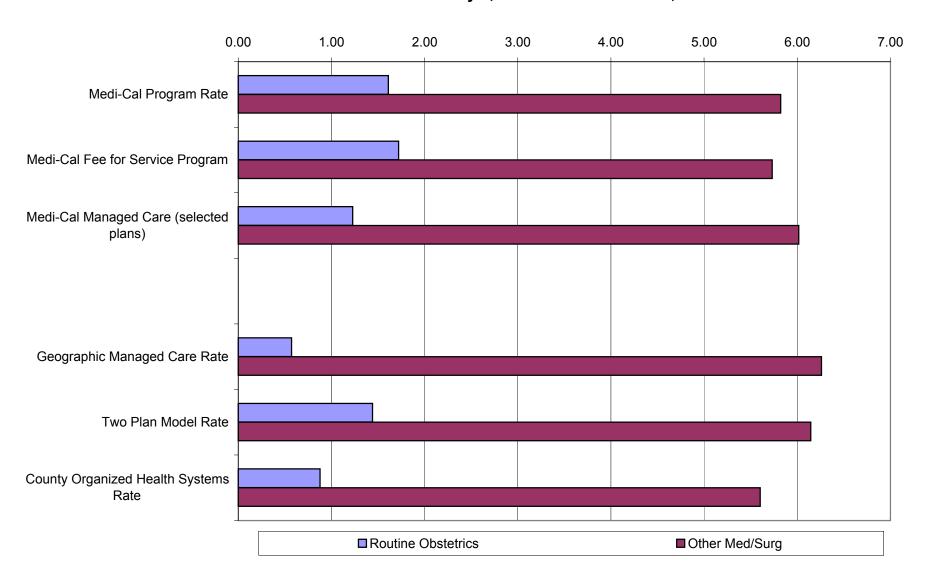
Two Plan Model Inpatient Days per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



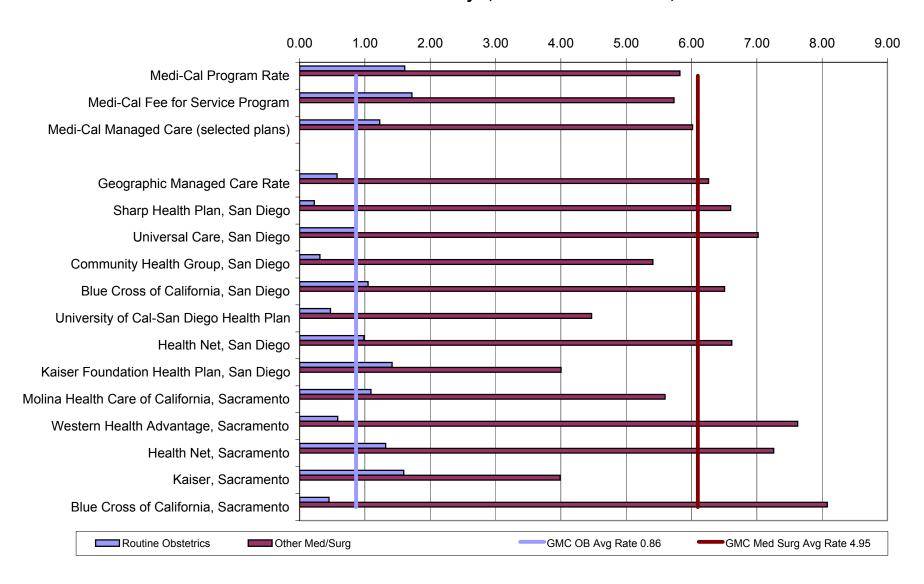
County Organized Health System Inpatient Days per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



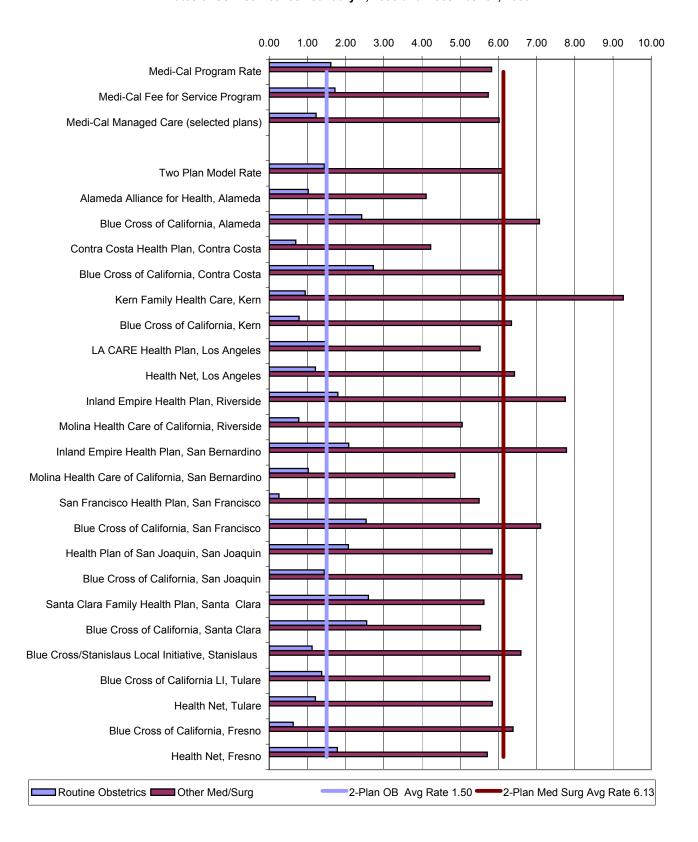
Medi-Cal Program Inpatient Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003



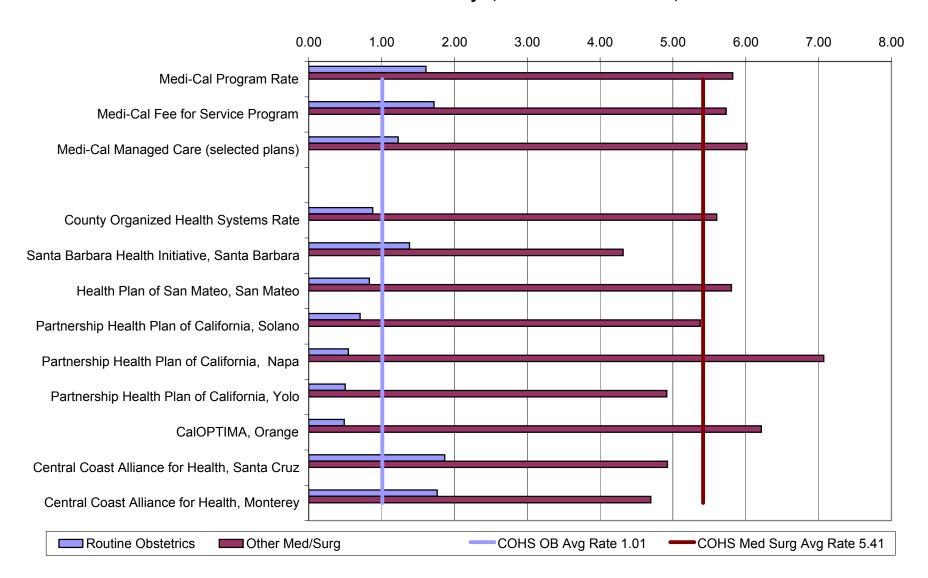
Geographic Managed Care Inpatient Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003



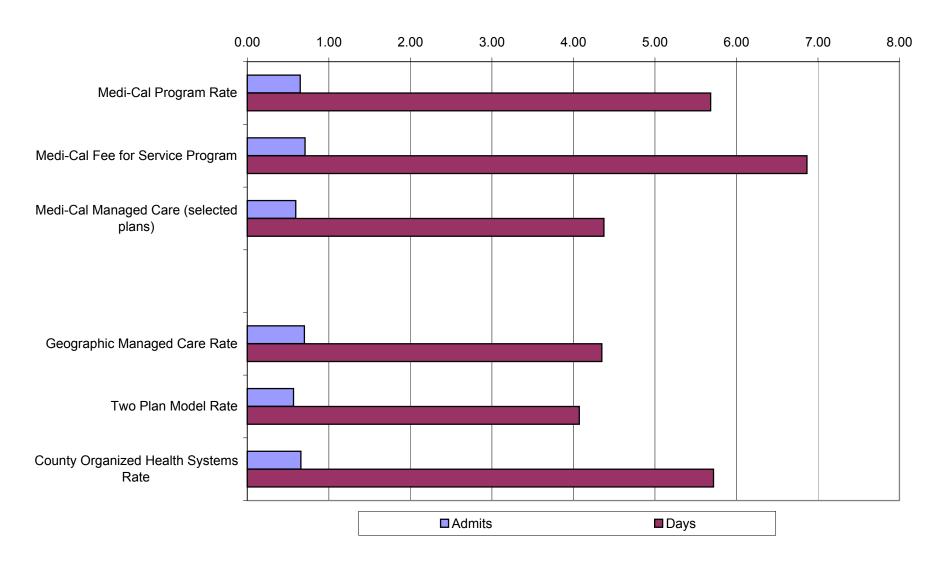
Two Plan Model Inpatient Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003



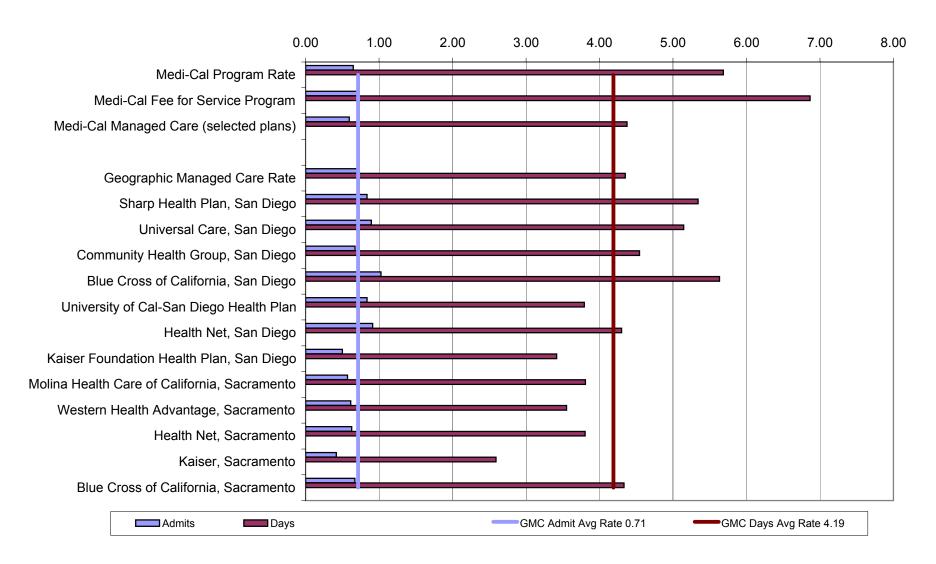
County Organized Health System Inpatient Average Length of Stay Dates of Service Between January 1, 2003 and December 31, 2003



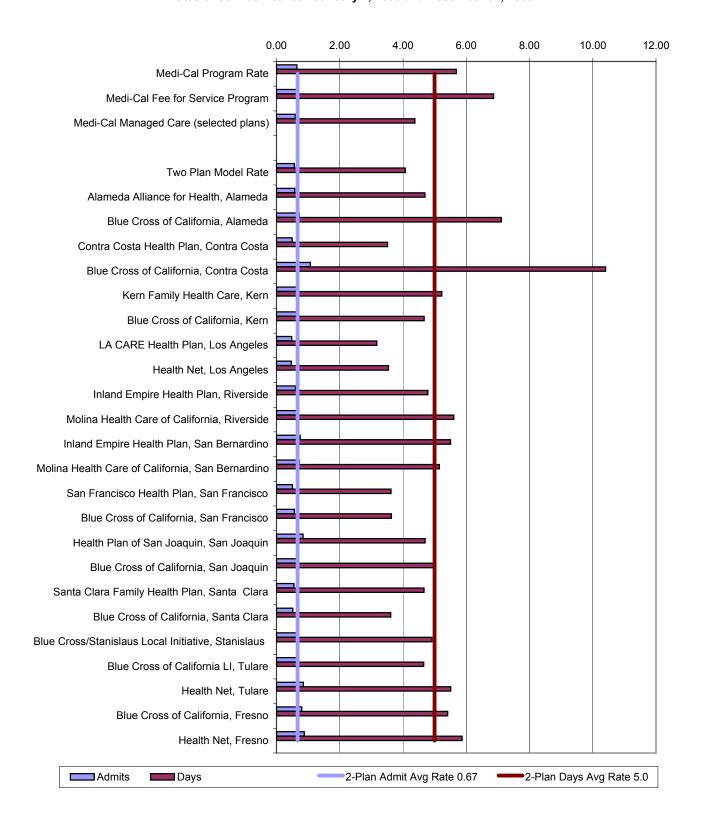
California Childrens Services/Genetically Handicapped Persons Program Medi-Cal Program Inpatient Admits and Days per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



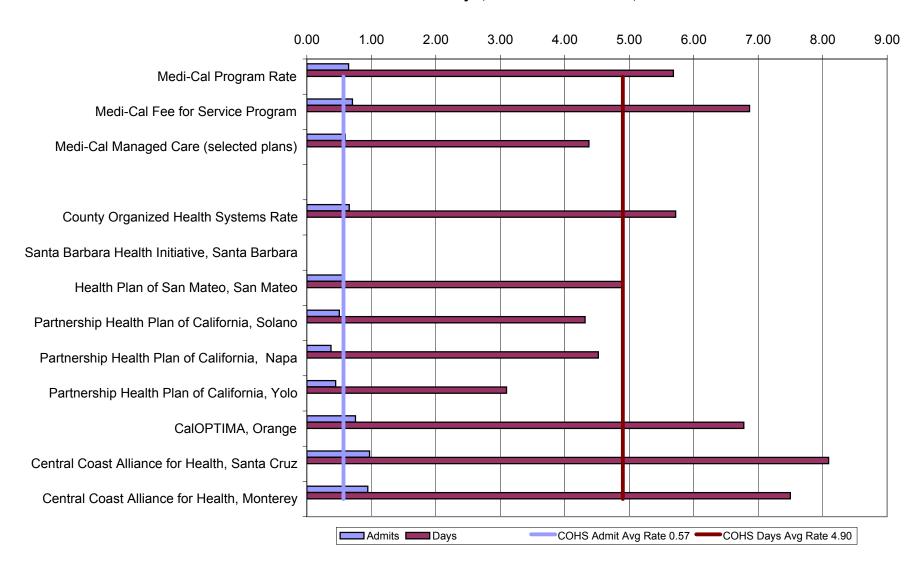
California Childrens Services/Genetically Handicapped Persons Program Geographic Managed Care Inpatient Admits and Days per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



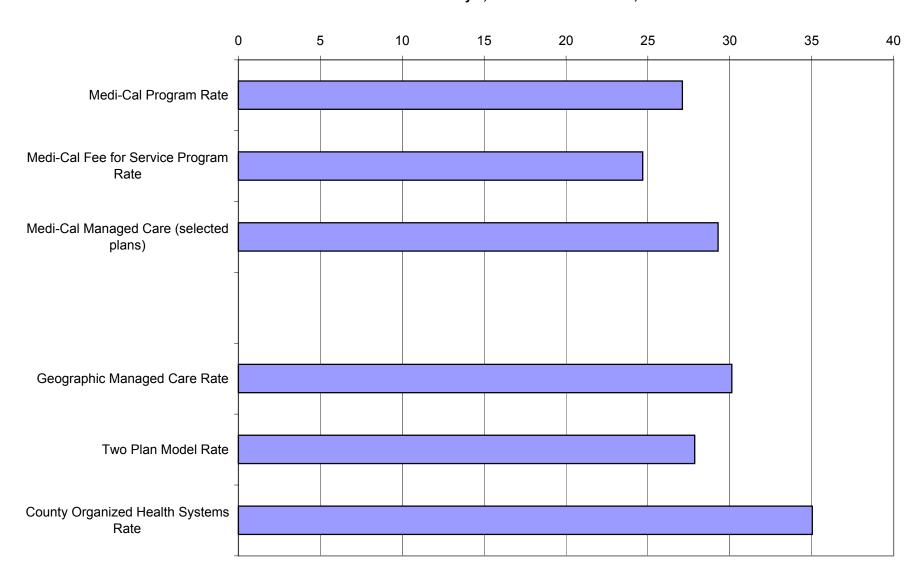
California Childrens Services/Genetically Handicapped Persons Program Two Plan Model Inpatient Admits and Days per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



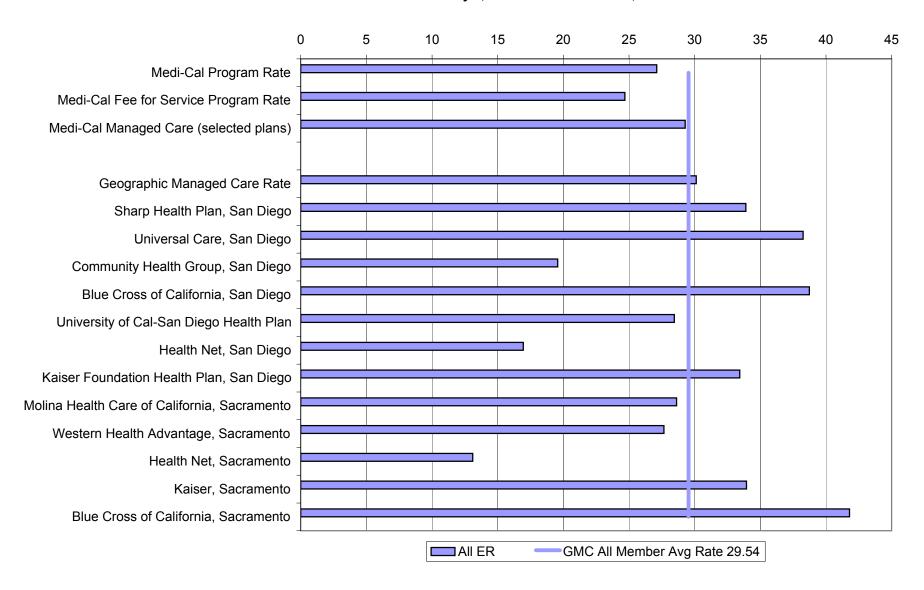
California Childrens Services/Genetically Handicapped Persons Program County Organized Health Systems Inpatient Admits, Days per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



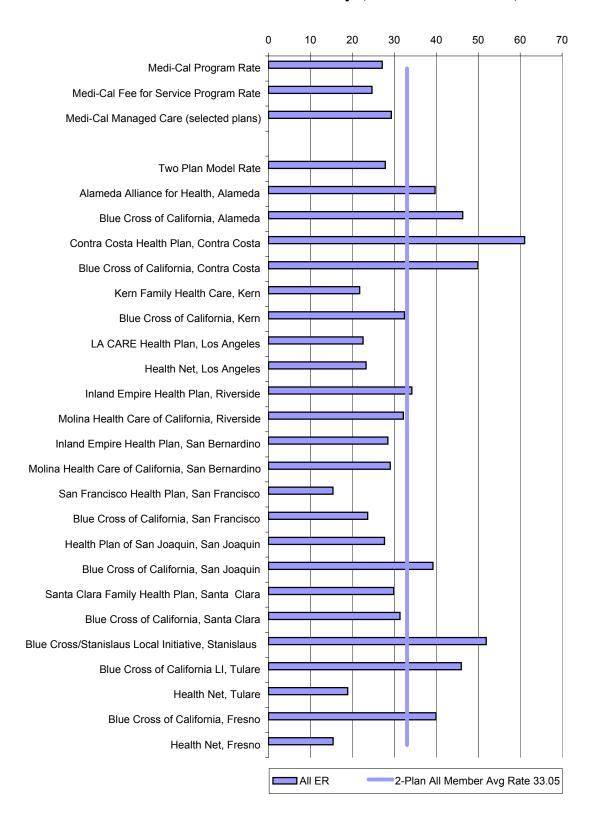
Medi-Cal Program All Emergency Room Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



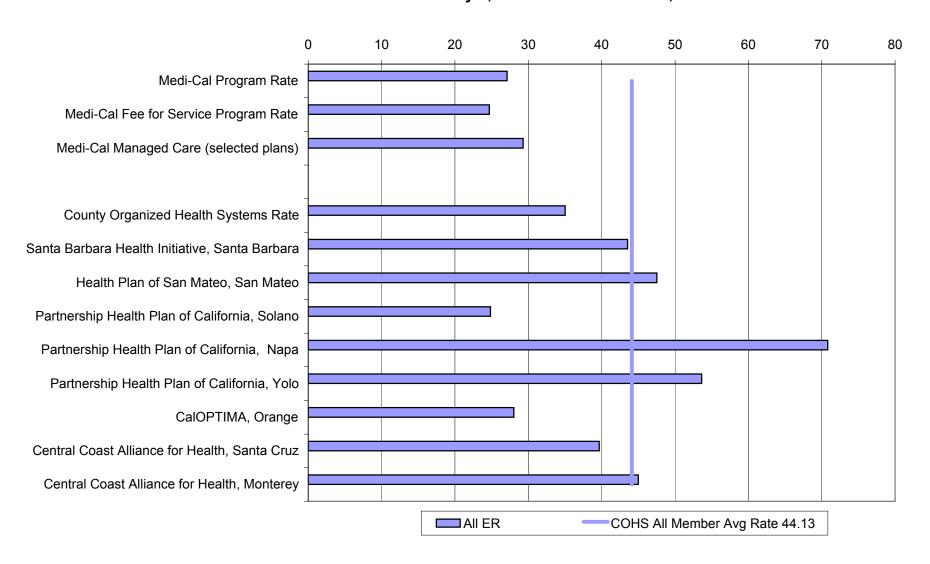
Geographic Managed Care All Emergency Room Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



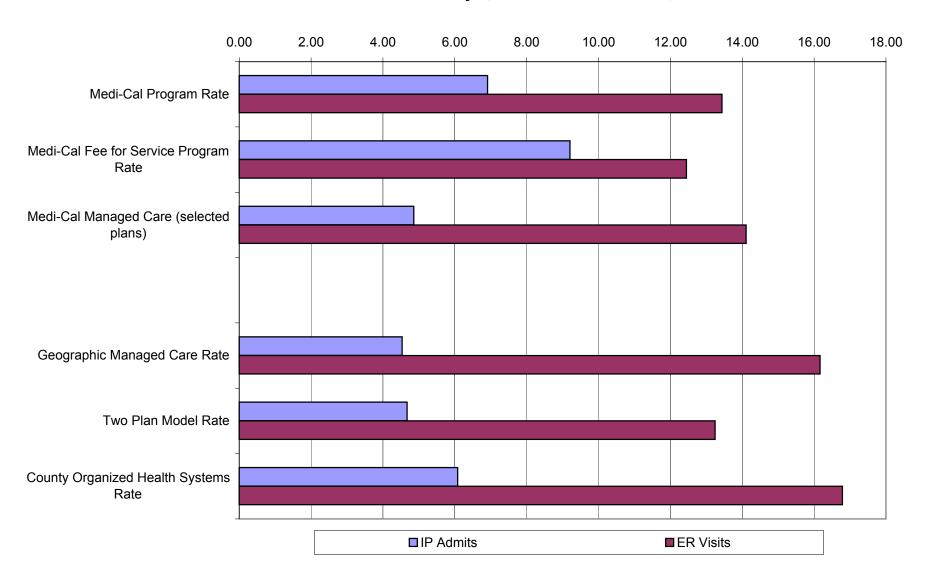
Two Plan Model All Emergency Room Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



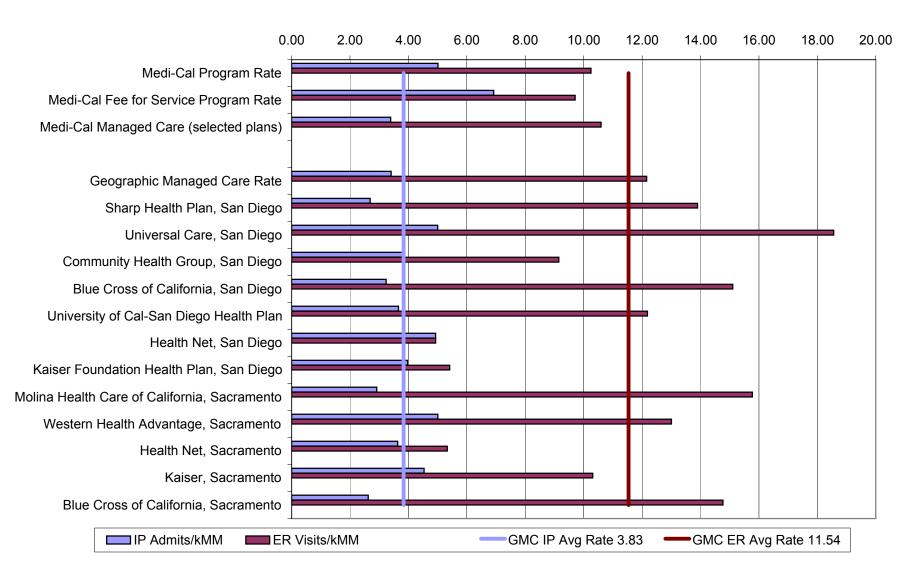
County Organized Health Systems All Emergency Room Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



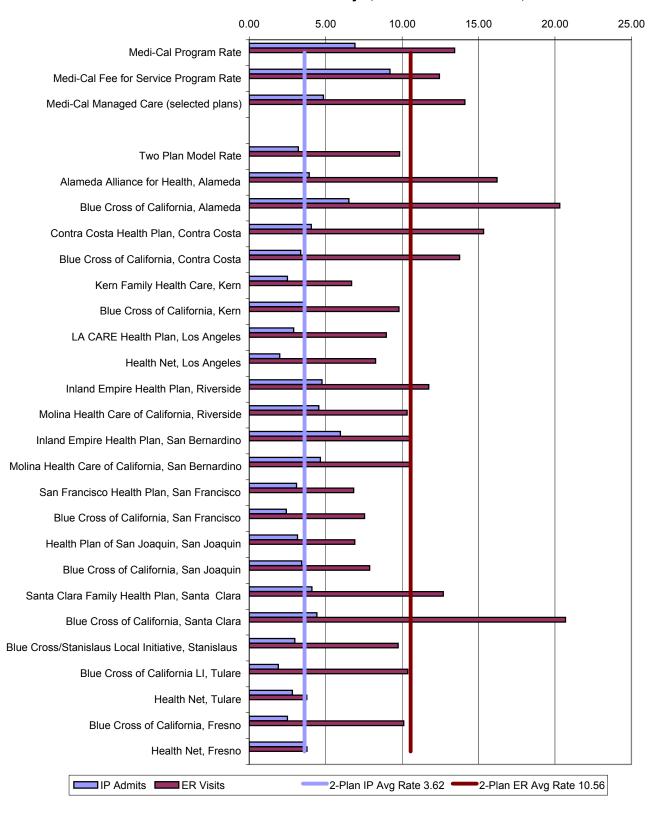
Medi-Cal Program IP Admits & ER Visits for Asthma Population per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



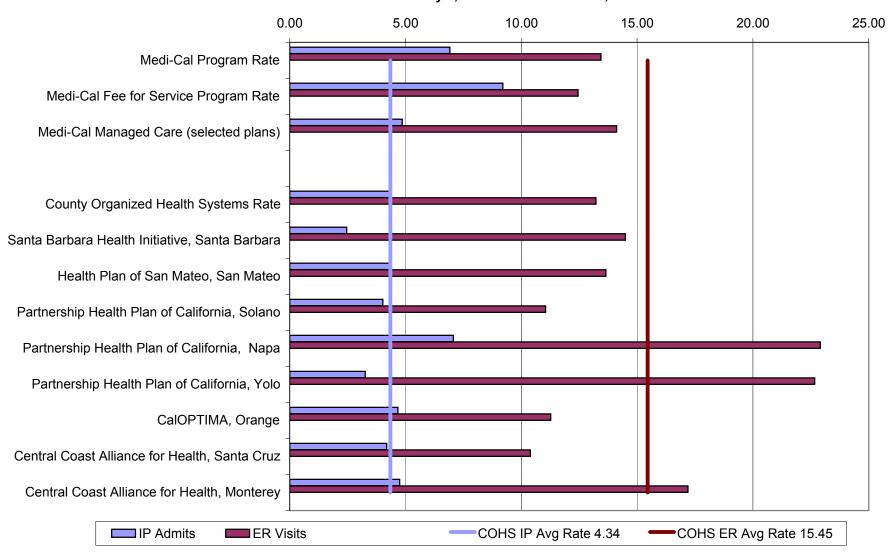
Geographic Managed Care IP Admits & ER Visits for Asthma Population per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



Two Plan Model IP Admits & ER Visits for Asthma Population per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



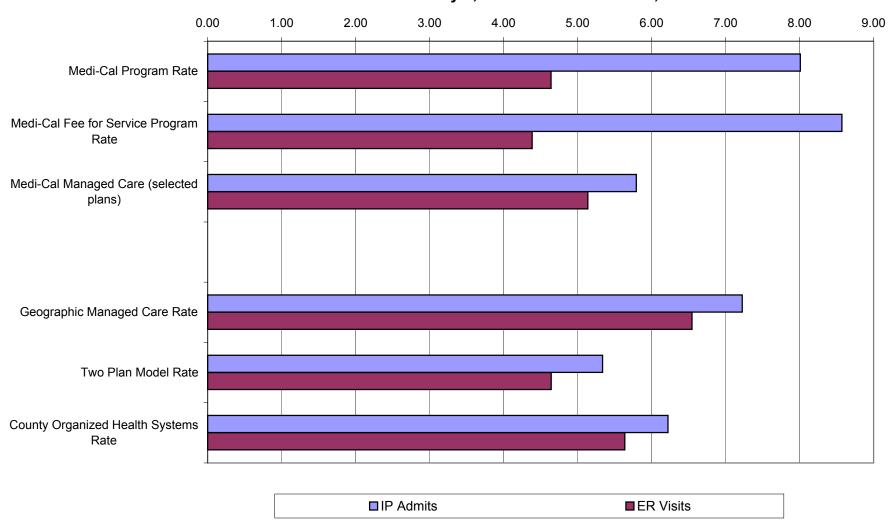
County Organized Health Systems IP Admits & Emergency Room Visits for Asthma Population per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



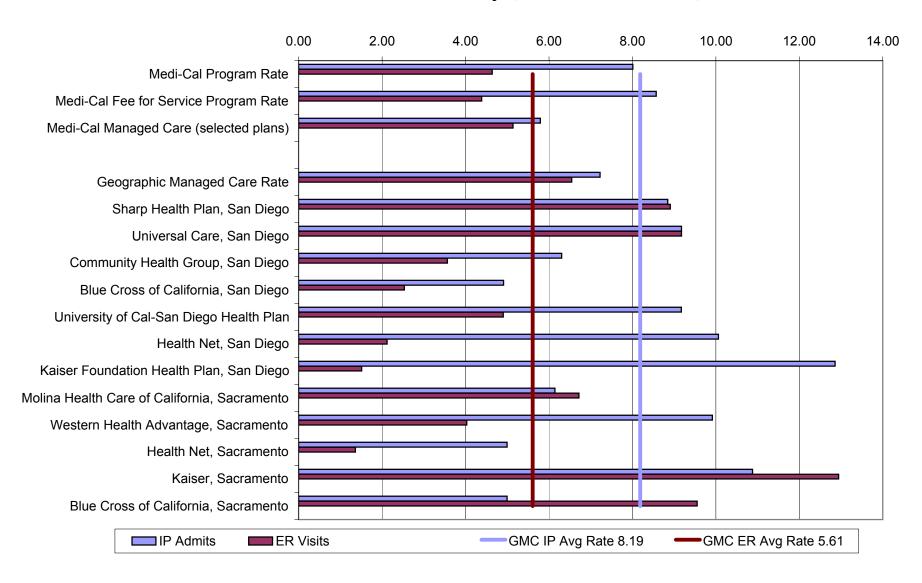
Medi-Cal Program

IP Admits & ER Visits for Diabetic Population per 1,000 Member Months

Dates of Service Between January 1, 2003 and December 31, 2003

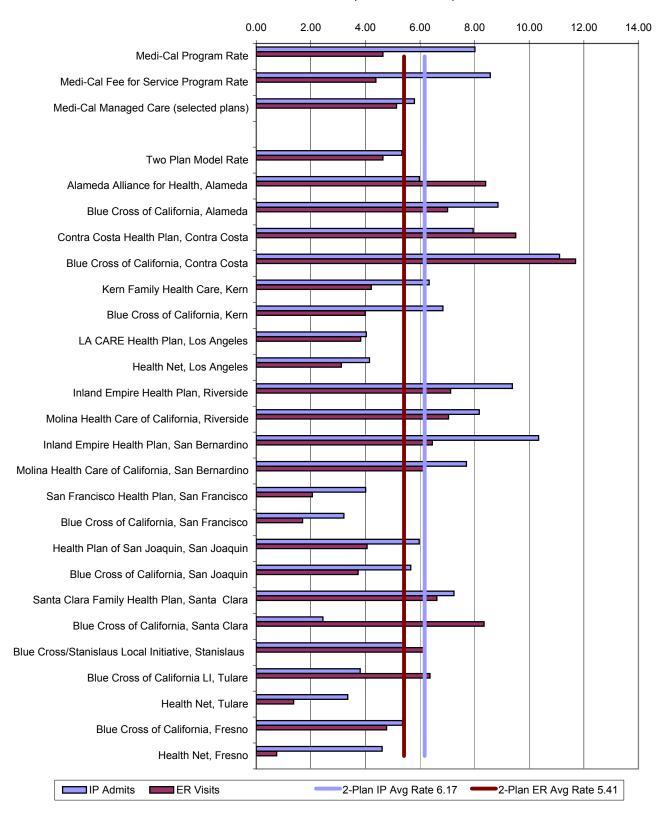


Geographic Managed Care IP Admits & ER Visits for Diabetic Population per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003

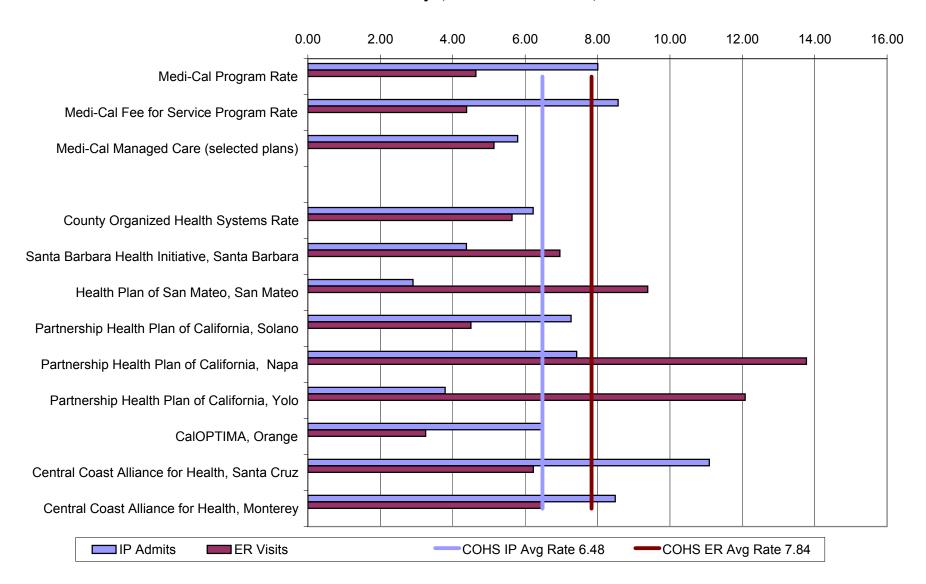


Two Plan Model IP Admits & ER Visits for Diabetic Population per 1,000 Member Months

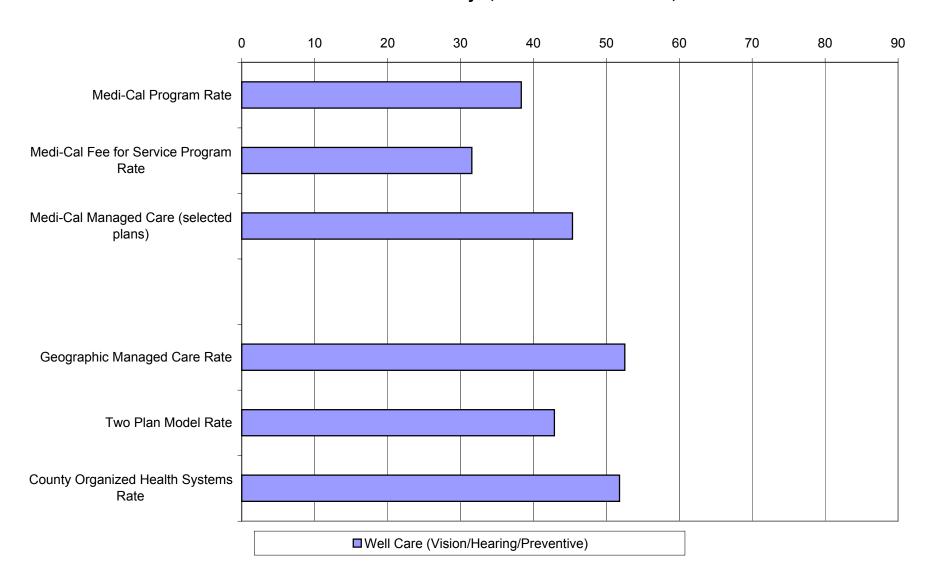
Dates of Service Between Jan 1, 2003 and Dec 31, 2003



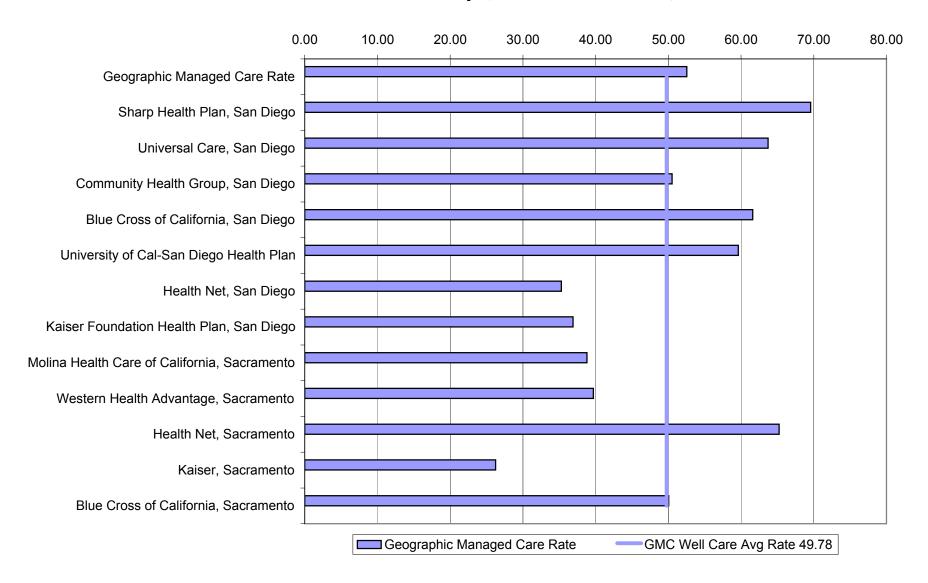
County Organized Health Systems IP Admits & ER Visits Diabetic Population per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



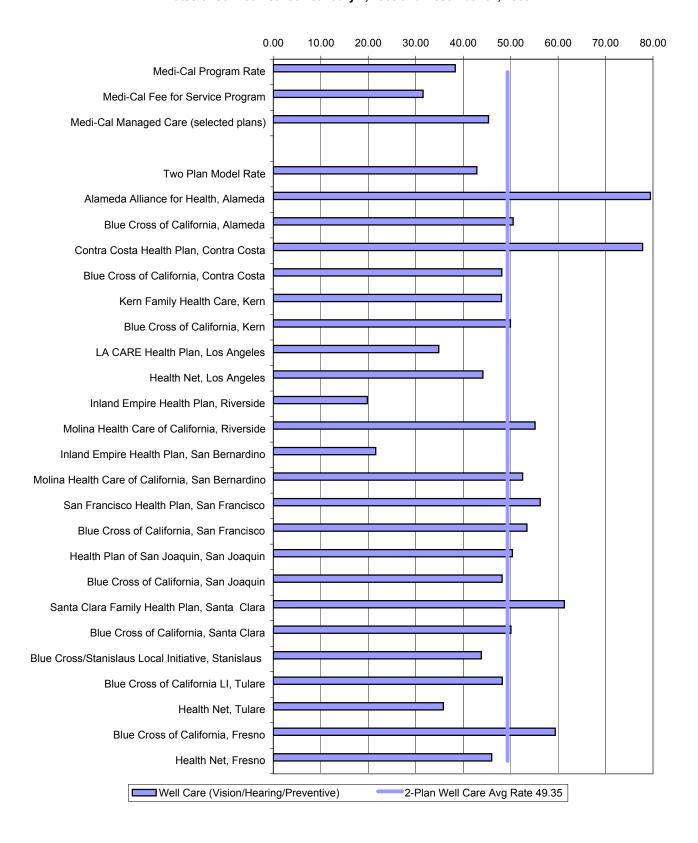
Medi-Cal Outpatient Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



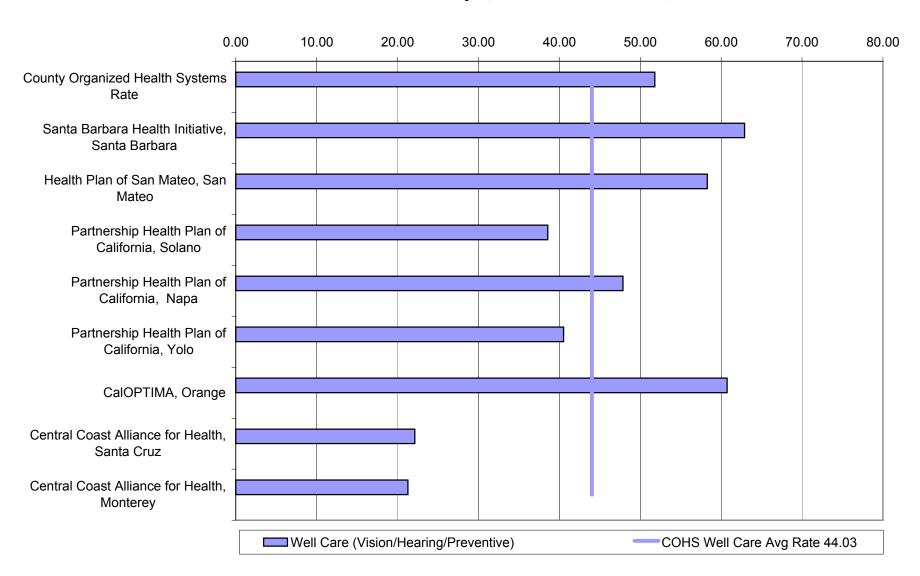
Geographic Managed Care Outpatient Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



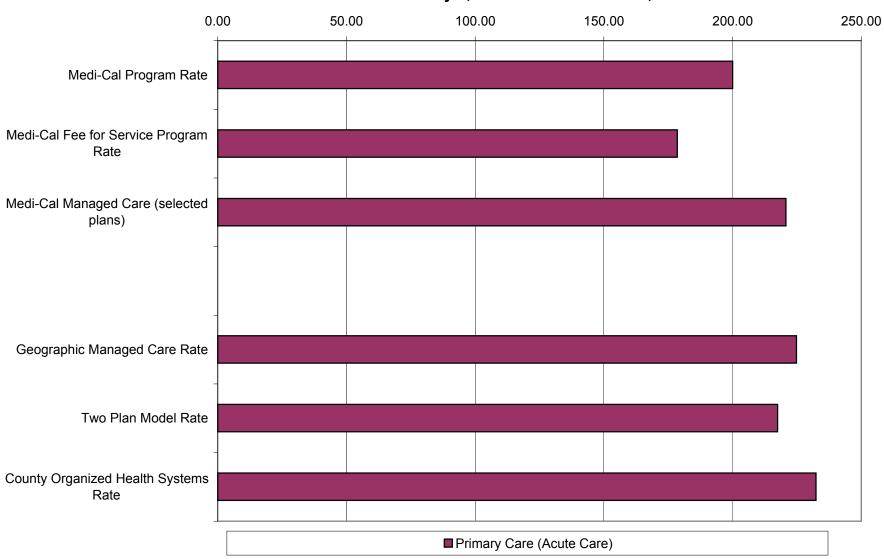
Two Plan Model Outpatient Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



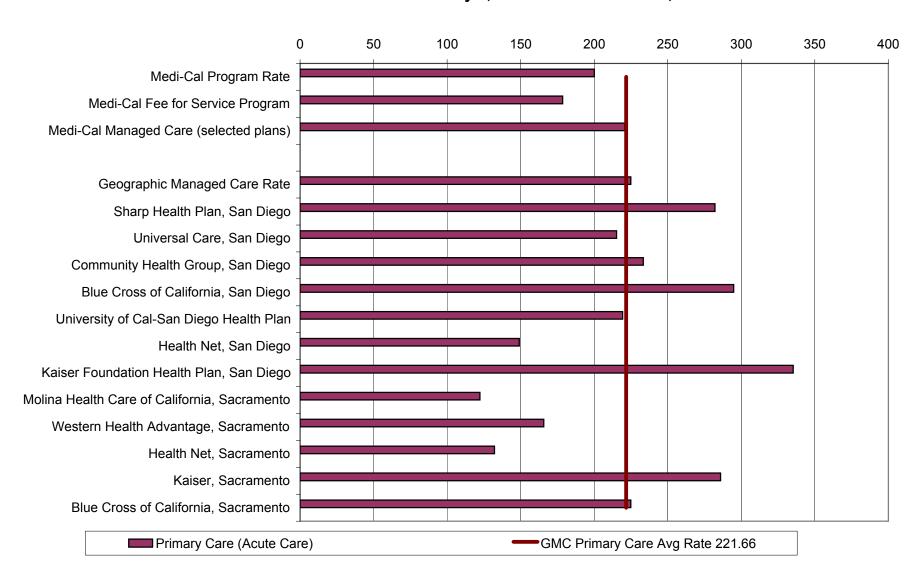
County Organized Health System Outpatient Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



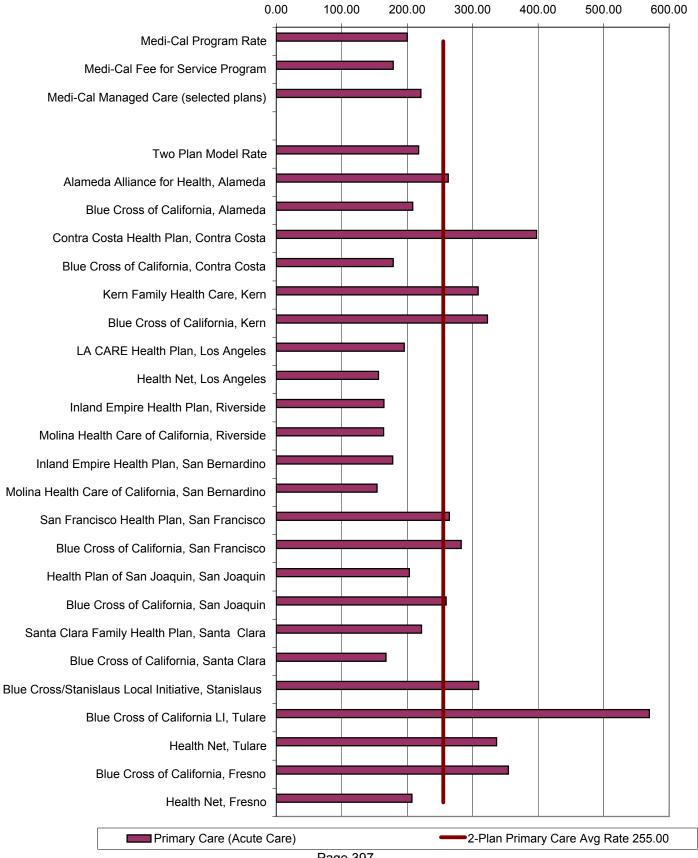
Medi-Cal Program Outpatient Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



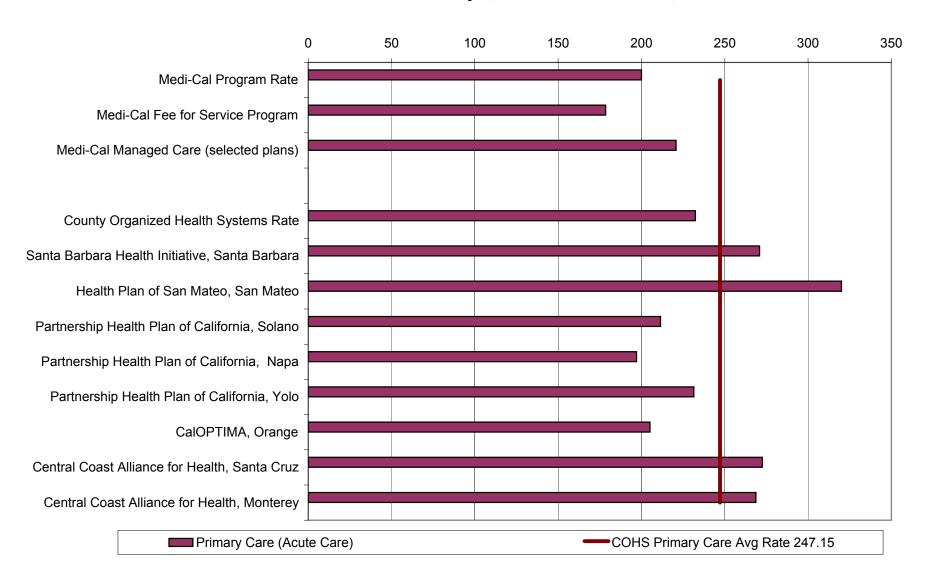
Geographic Managed Care Outpatient Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



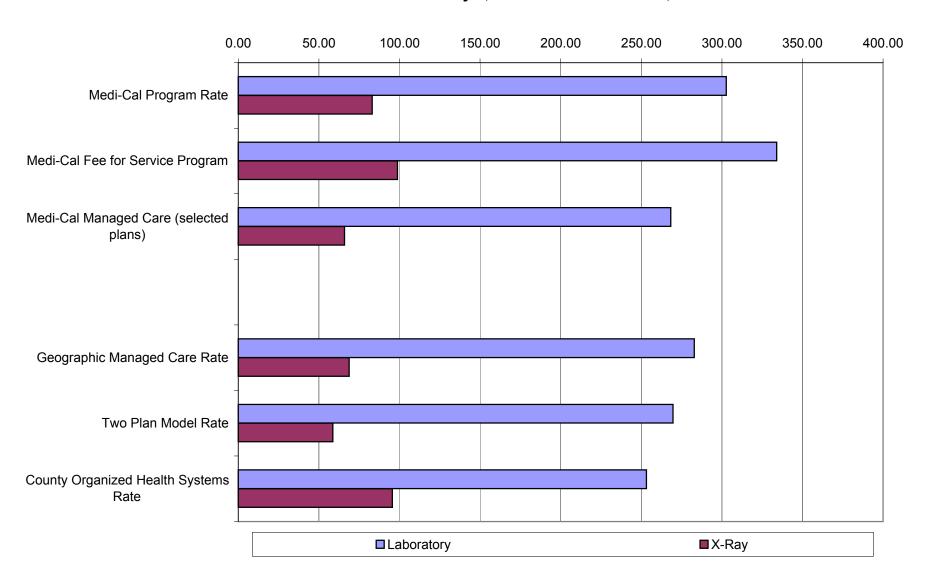
Two Plan Model Outpatient Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



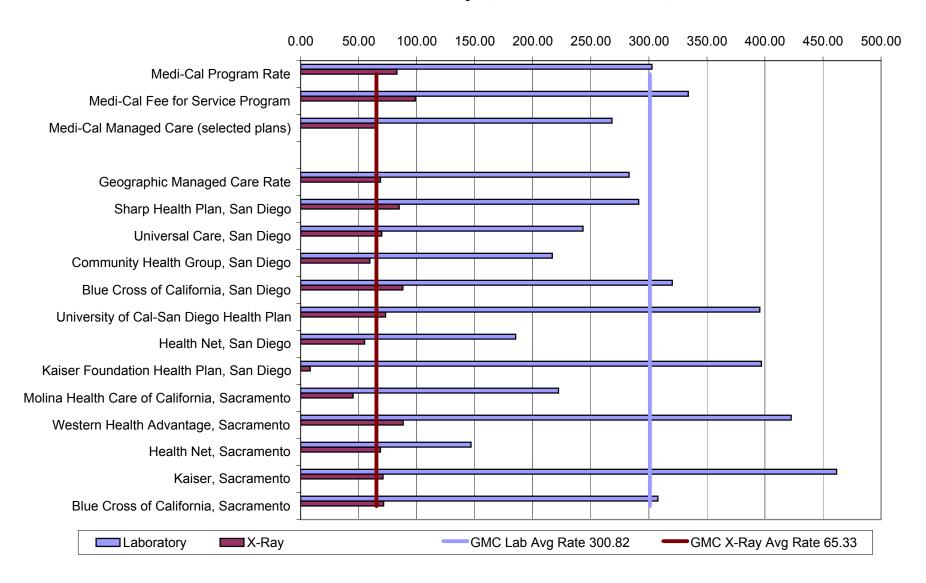
County Organized Health Systems Outpatient Visits per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



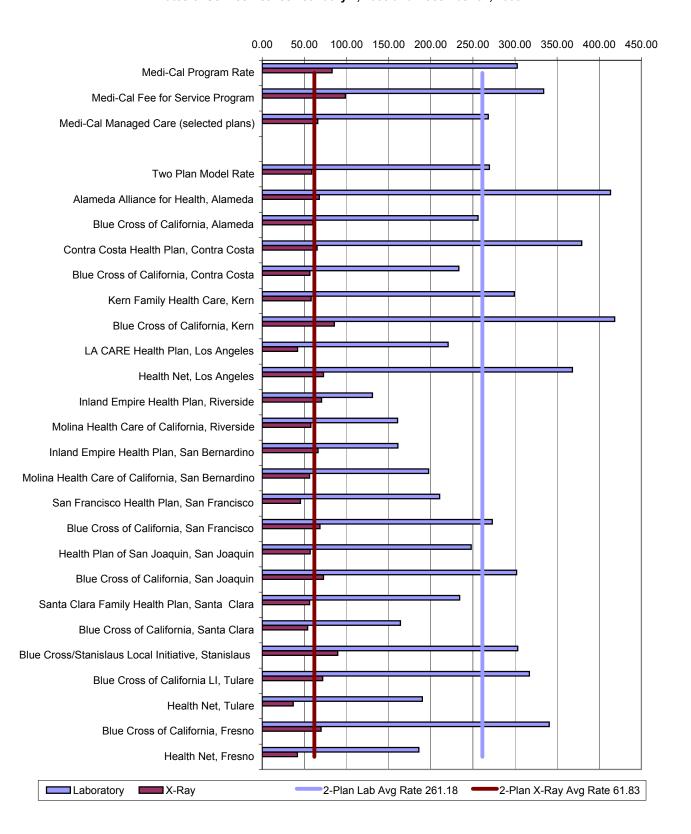
Medi-Cal Program Laboratory & X-Ray Services per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



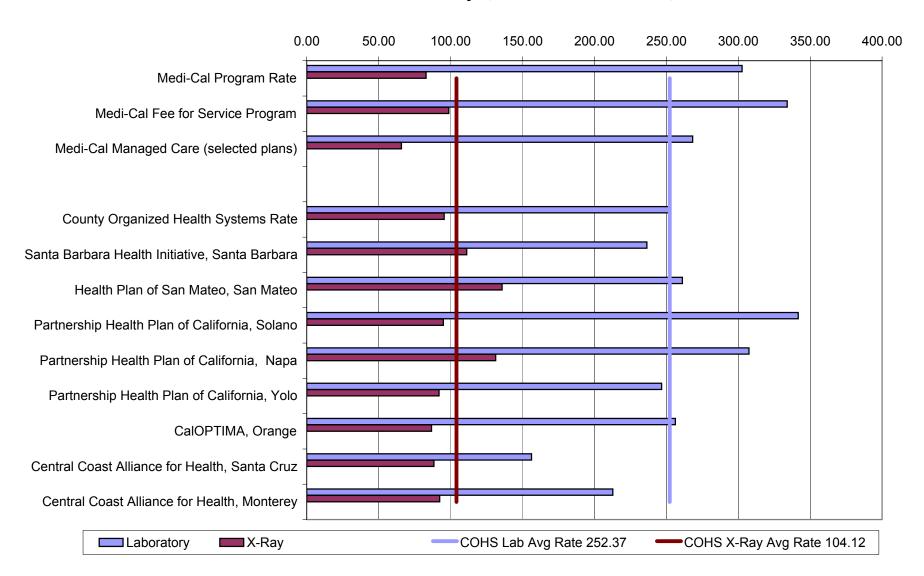
Geographic Managed Care Laboratory & X-Ray Services per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



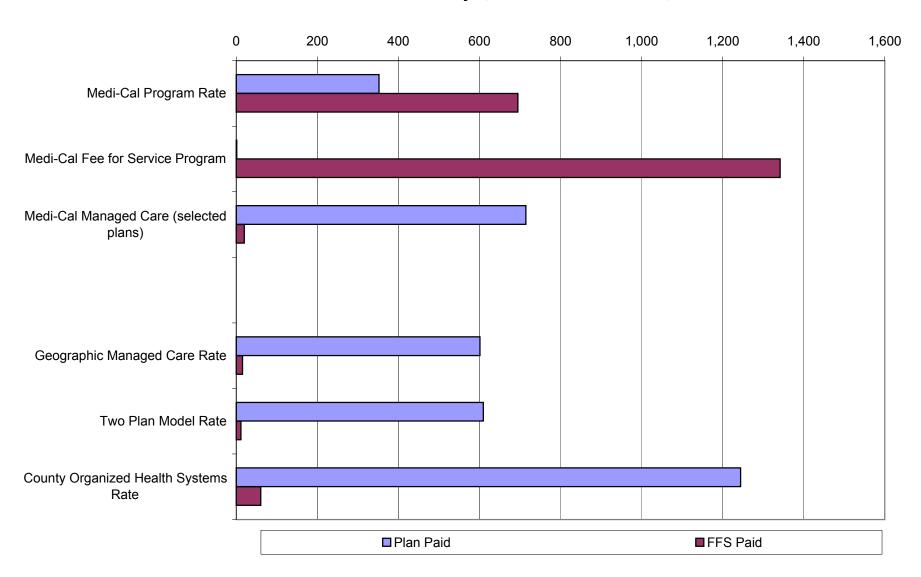
Two Plan Model Laboratory & X-Ray Services per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



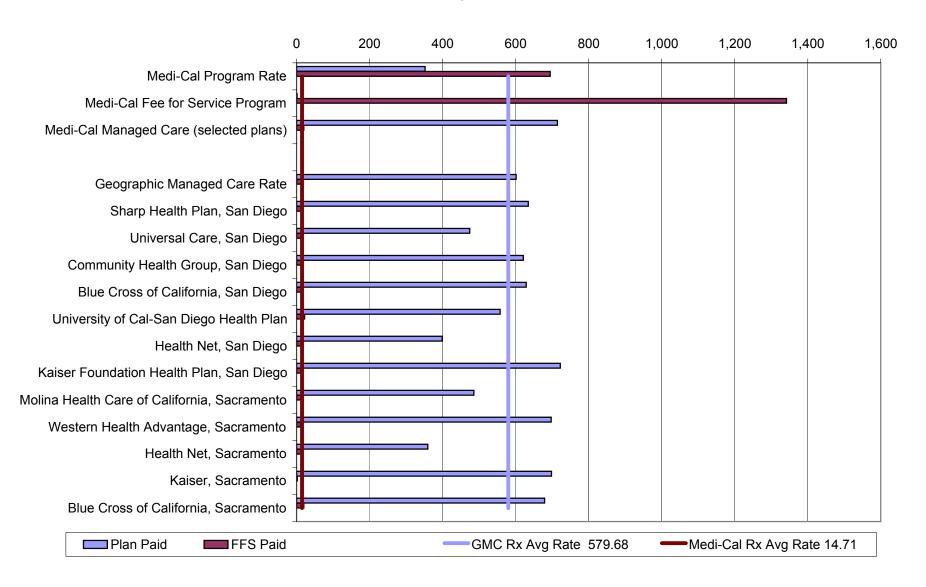
County Organized Health System Laboratory & X-Ray Services per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



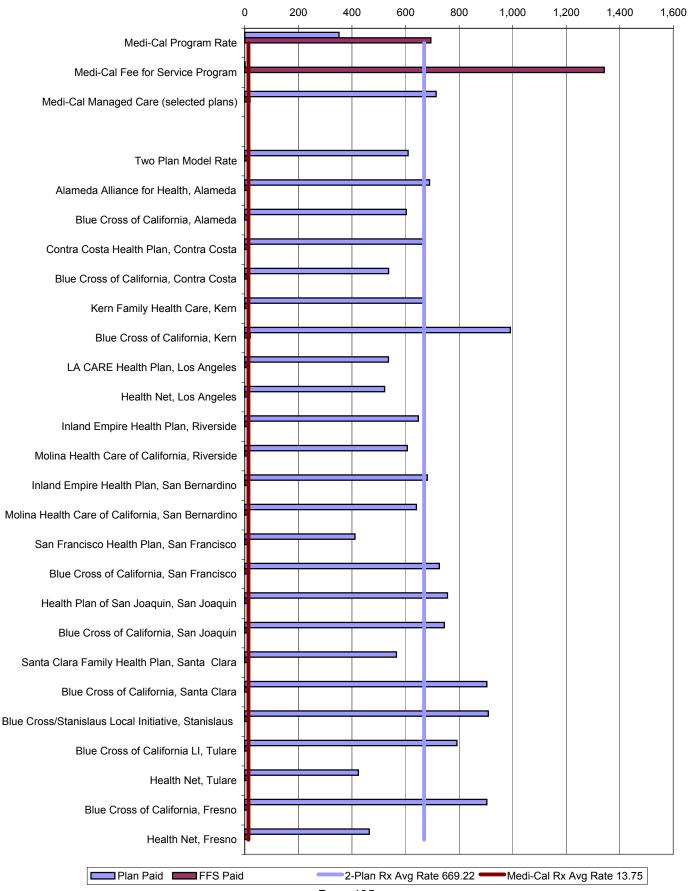
Medi-Cal Prescriptions By Payer per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



Geographic Managed Care Prescriptions By Payer per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



Two Plan Model Prescriptions By Payer per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003



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County Organized Health Systems Prescriptions By Payer per 1,000 Member Months Dates of Service Between January 1, 2003 and December 31, 2003

